

Ginsler and Associates Inc.

**Working Together: Maximizing the Impact of
Community Services**

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Working Together: Maximizing the Impact of Community Services

Introduction

The following is an overview and brief analysis of the literature on collaboration in community service delivery, focusing on what works and what needs to be in place to make it work. Much of the analytical and descriptive literature provided here comes from the United States. It is unfortunate, but it appears to be true, that Canadian research and development into the issue of collaborative community service provision—at least written evidence of it—lags behind that in the U.S. The reviewer found numerous reports by American organizations—federal, state, and local governments, universities, and providers—describing collaborative efforts to improve service delivery. A number of Federal government departments operate annual best practice reviews with their transfer payment agencies. Some departments issue awards for best practice. Large amounts of this material, full reports included, are available on Internet sites sponsored by these same governments, universities, and organizations.

The Canadian scene, by comparison, is sparse. A search of government websites and publication lists in Canada revealed little at the federal level, and little at the provincial level. Similarly, searching the sites of Canadian non-profit organizations provided only a few examples of collaborative service provision, with the exception of the Canadian National Crime Prevention Council. Specific research requests were made to United Way of Canada and the Canadian Centre for Philanthropy, however neither organization identified written material on successful collaborations in Canada.

Research on resources for this project began with an extensive search of the Internet. Internet resources were limited to those published by government, academic, and non-profit bodies. Documents written by individuals and posted to their personal web pages were excluded in order to provide quality control. Following the Internet search, twenty-three requests for information were sent to organizations identified as leading practitioners in collaborative service provision from Ontario to Hawaii. Responses were received from fifteen. Scholarly journals in the libraries of the University of Waterloo and Wilfrid Laurier University were also reviewed. There were a few articles that were of theoretical interest, but none were easily translated into general practice. Interviews with three university researchers involved in community service delivery confirmed that little has been written about the Canadian experience outside journal articles, so much of the analysis here is based on American material. In total, over 250 documents were reviewed.

Much is happening in communities that indicates that successful collaboration is not only possible, but advantageous. For example:

- In London, Ontario, children's services agencies and school boards have come together with government and local funders to work with selected neighbourhoods to improve the life chances of children and youth.
- In Guelph, Ontario, children's services agencies have combined intake procedures and have rationalized service and information delivery in order to focus on children's needs.
- In Oklahoma, community-based family support services programs provide family-focused parent education, treatment, health services, and counselling to high-needs children and their families.
- In New York City, the Children's Aid Society and the School Board, along with community health and social service agencies, have joined forces to build comprehensive support programs into schools in low-income neighbourhoods.
- In Fairfax, California the Parent Services Project locates a wide range of family support services in local child care centres.
- In San Diego, California New Beginnings has built a collaborative framework encompassing educational, health, and human services agencies which is changing the structure of service delivery in the community.
- In Hawaii, Healthy Start has brought together service agencies and lay home visitors in a way that has reduced child abuse and neglect among the high-risk population to 0.5%.
- In Atlanta, Georgia government agencies have come together to streamline 64 application forms in to one joint 8-page form used by all.

This report has been divided into three sections. The first is an analysis of the material on collaborative service provision, concentrating on what works and what needs to be in place to make it work. The section begins with excerpts from, and summaries of, the best of the existing material this reviewer could find, followed by an analysis of the implications for organizing collaborative service delivery systems. The second is a listing of examples of Canadian collaborative service projects from the database of the Canadian National Crime Prevention Council. Reviewing these, it becomes obvious that the same collaborations that address crime also address poverty, health, family stability, etc. The third is a listing of the most relevant resources—written, organizational, and electronic—that provide access to information on collaborative service provision.

An appendix is included providing descriptions of 28 state-wide collaborative governance structures. Overall, the largest funders of community-based services in Canada are the provinces (\$8.6 billion in 1993 out of a total of \$12.5 billion in government funding to community organizations), so it seems appropriate to include examples of how the parallel governments in the U.S. are supporting collaboration. The appendix is taken directly as it appeared on the Web.

I. ANALYSIS

Definition

In a review of the research written by Paul Mattessich¹, and published in 1992, *collaboration* was defined “as a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals.

The relationship includes a commitment to: a definition of the mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.”

The key to this definition is “sharing”. Collaboration differs from co-operation in the level of shared policy development and resource allocation, as well as in the shared provision of service. Collaborative efforts blend the goals, policies, practices, and resources of two or more organizations in providing defined services to a defined group or community.

Background

It is important to briefly set the background for the movement to collaborative community service delivery. Most community services are provided by organizations acting alone, although they are often in contact with other service providers. One in-depth critique of the various forms and types of “service delivery”—used here to include the broadest range of education, health, housing, and social services—focuses on six primary weaknesses of the current single-agency focused approach:²

- There simply are not sufficient resources available to support the level of intervention necessary to effectively help large numbers of children and their families. This point of view argues for placing a higher priority on children and families and for increased resources.
- Many children and their families are beset by multiple problems, and this is increasingly the case in particularly troubled communities. To be more effective, services must be delivered more comprehensively. This point of view argues for more holistic and less fragmented service delivery.
- Too much of the community’s and the nation’s resources are tied up in service delivery that intervenes only when problems have reached a level of severity that makes them extremely difficult to address effectively. This point of view argues for

¹ Mattessich, Paul W. (1992). *Collaboration: What Makes it Work*. St. Paul MN: Amherst H. Wilder Foundation

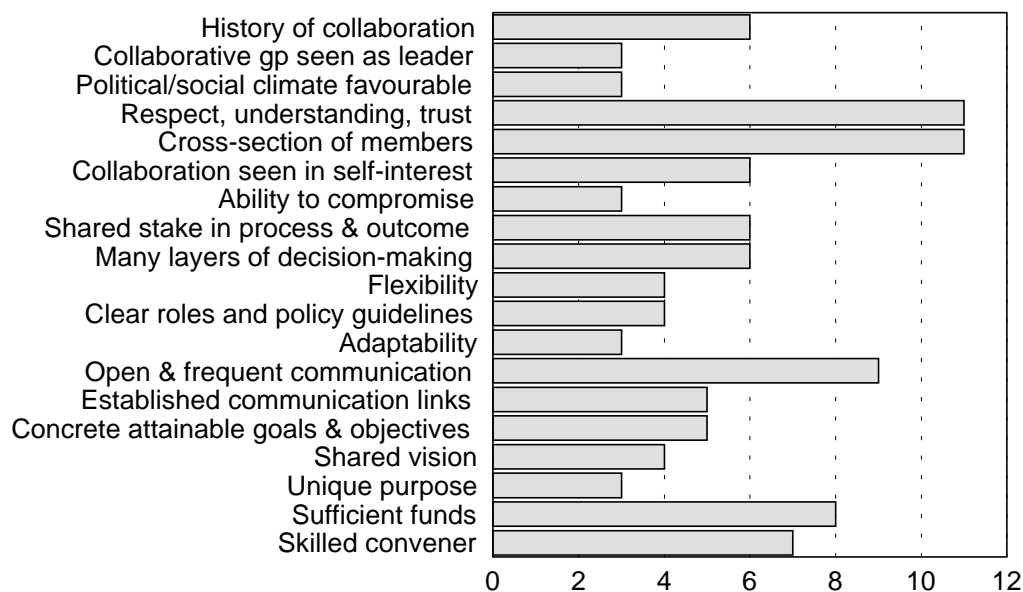
² From: *The Role of Finance Reform in Comprehensive Service Initiatives*, Ira M. Cutler, The Finance Project, 1994

earlier intervention, prevention, and increased positive attention and support for children at earlier ages.

- Too much of existing service delivery views the individual child as the target and that “individual focused” service delivery under-emphasises the importance of a child’s family and of the larger community in which they live. This point of view argues for intervention at a family and at a whole community level.
- Services are often ineffective because they are designed, delivered, controlled, and evaluated by individuals and groups who are socially and culturally distant from those served, and who put the needs of the service delivery system above the needs of those it was established to help. This point of view argues for a change in the governance of service delivery systems.
- Finally, public officials and administrators are only held accountable, if held accountable at all, for how well the service delivery system accounts for funds, follows regulations, and stays away from scandal, and too rarely are they held accountable for the impact the services have on those served. This point of view argues for evaluation systems, governance mechanisms, and funding strategies that hold service delivery systems accountable for the progress of participants toward clear and measurable goals.

Framework

Mattessich reviewed 18 research reports on collaboration and identified a list of factors that influence the success of collaborative efforts. The following chart lists each factor. The length of the bar represents the number of times it was found to be important in the studies he reviewed.



The National Network for Collaboration³ has developed a framework into which various levels of collaboration fit. It provides a useful way of understanding the structure and organizational implications of different levels of activity. Based on this framework, most of the Canadian examples reviewed in this analysis are operating at the co-ordination and co-operation levels. A number of the U.S. examples operate at the collaborative level.

Levels	Purpose	Structure	Process
Networking	<ul style="list-style-type: none"> • Dialog and common understanding • Clearinghouse for information • Create base of support 	<ul style="list-style-type: none"> • Loose/flexible link • Roles loosely defined • Community action is primary link among members 	<ul style="list-style-type: none"> • Low key leadership • Minimal decision making • Little conflict • Informal communication
Co-operation or Alliance	<ul style="list-style-type: none"> • match needs and provide co-ordination • Limit duplication of services • Ensure tasks are done 	<ul style="list-style-type: none"> • Central body of people as communication hub • Semi-formal links • Roles somewhat defined • Links are advisory • Group leverages/raises money 	<ul style="list-style-type: none"> • Facilitative leaders • Complex decision making • Little conflict • Formal communications within the central group
Co-ordination or Partnership	<ul style="list-style-type: none"> • Share resources to address common issues • Merge resource base to create something new 	<ul style="list-style-type: none"> • Central body of people consists of decision makers • Roles defined • Links formalized • Group develops new resources and joint budget 	<ul style="list-style-type: none"> • Autonomous leadership but focus in on issue • Group decision making in central and subgroups • Communication is frequent and clear
Coalition	<ul style="list-style-type: none"> • Share ideas and be willing to pull resources from existing systems • Develop commitment for a minimum of three years 	<ul style="list-style-type: none"> • All members involved in decision making • Roles and time defined • Links formal with written agreement • Group develops new resources and joint budget 	<ul style="list-style-type: none"> • Shared leadership • Decision making formal with all members • Communication is common and prioritized
Collaboration	<ul style="list-style-type: none"> • Accomplish shared vision and impact benchmarks • Build interdependent system to address issues and opportunities 	<ul style="list-style-type: none"> • Consensus used in shared decision making • Roles, time and evaluation formalized • Links are formal and written in work assignments 	<ul style="list-style-type: none"> • Leadership high, trust level high, productivity high, ideas and decisions equally shared • Highly developed communication

³ Bergstrom, Arno et al. (1995). Collaboration Framework—Addressing Community Capacity. National Network for Collaboration

To begin the overview and analysis, it is useful to offer a preliminary description of what the reviewer means by comprehensive community-based initiatives. Hayes offers the following typology of collaborative community service provision, focusing on the needs of the child and her/his family⁴. This typology can usefully be extrapolated to other kinds of service provision as well. Such initiatives are:

- Family-based and responsive to a child’s needs in the context of his or her family and community, rather than focused solely on the child;

The Oklahoma Community Based Family Support Services program describes the differences between traditional treatment services and family-focused child guidance services as follows:⁵

Traditional Treatment Services	Family-Focused Child Guidance Services
<ul style="list-style-type: none"> • Intervene after crises occur and needs intensify • Provide treatment services to eliminate problems • Focus on individuals • Emphasize individual deficits • Have rigid office hours • Often have waiting lists • Offer only clinic-based services • Diagnostic evaluations provided • Provide court-ordered treatment services 	<ul style="list-style-type: none"> • Help prevent crises by meeting needs early • Offer services which promote family strengths • Focus on families • Build on family strength • Respond flexibly to family needs • Respond quickly to needs • Offer services in a variety of community settings • Referral to appropriate evaluation resources • Services are voluntary

- Flexible in meeting a child’s and family’s unique needs, and able to draw on resources that cut across formal professional and institutional domains;⁶
- Balanced in providing as much or more emphasis on fostering individual development and family strength and preventing problems before they occur as on remedying problems that have reached crisis proportions;
- Focused on and accountable for achieving improved outcomes for children, families, and the communities in which they live; and Community-based in their approach to decision making about the design, implementation, and operation of the initiative rather than centralizing decision making in state or municipal bureaucracies that are isolated from neighbourhoods and communities and bound by inflexible rules and regulations.

⁴ In Hayes, Cheryl D. (1995). Compendium of Comprehensive, Community-Based Initiatives: A Look at Costs, Benefits, and Financing Strategies. The Finance Project

⁵ Nida, J.R., M.D. (1998) State Plan for Child Guidance Programs. Oklahoma City, OK: Oklahoma State Department of Health

⁶ Hayes, continued

A number of jurisdictions—many in the U.S., where the need to find better ways to address social problems in urban areas is high—have been working over the last ten years or so to develop more coherent strategies to address human service needs.

In general, the efforts fall into the following categories:

- Efforts to restructure intergovernmental relationships
- Efforts to improve systems in the areas of outcomes, accountability, and budgeting
- Efforts to develop cross-system decision-making and service provision
- Efforts to focus services at the neighbourhood or community level

1. Efforts to restructure intergovernmental relationships

In the review conducted by Cutler (1994), the author observes that most of the discussion about service system restructuring centres on the increased willingness of the Federal government to allow lower levels of government increased flexibility to develop strategies that make sense in their jurisdiction. For example, in the U.S, the Federal Department of Housing and Urban Development provides funding to community development and social welfare projects designed by individual communities.⁷ As well, a number of state governments are examining the relationship between themselves and their local governments in recognition that this relationship is critical to productive discussions of service delivery reform.

In the Canadian context, where the Federal government has largely withdrawn from direct funding of community service organizations, the focus would be on provincial funding. In Ontario, attempts were made over the years to devolve planning and funding for children's services to local community bodies, however implementation never passed beyond the planning stage. In health care, District Health Councils are involved in system planning, but many have little impact on funding. It appears that in Ontario, there is still little attempt to move the essential decisions to the local level. The Ministry of Community and Social Services has recently been charged with developing community service plans for children's services in which the decisions will be made by Area Offices of the Ministry.⁸

2. Efforts to improve systems in the areas of outcomes, accountability, and budgeting

At the same time as inter-governmental relationships are being examined, funders and providers are also looking at different ways of providing accountability. Historically, when funders demanded accountability it was for what was spent and how it was spent. In instances where service reform is taking place, accountability is more and more often being seen as belonging in the realm of results—outcomes—rather than in the more

⁷ See, for example, U.S. Department of Housing and Urban Development.(numerous issues). *Spotlighting What Works: A Showcase of Community Planning Successes in the Field*. Washington, DC

⁸ N.A. (1997). *Making Services Work for People*. Toronto, ON: Ministry of Community and Social Services

traditional realm of outputs. This discussion is difficult enough in a single organization. Applied to cross-system accountability, the discussion is at its preliminary stages at best.

Woods⁹ points out that child- and family-serving organizations that receive public funding are typically held accountable for how much they spend and what activities they spend it on, but, too often the question of what results they are actually achieving is never asked. This leaves the public uncertain about whether or not their taxes are really being well-spent, policy makers unclear about what services and supports are most deserving of funding, and service providers unable to demonstrate their effectiveness. Service and support systems should be focused on and held accountable for achieving improved results for children, families, and the communities in which they live. Results accountability should include three major elements:

1. Clear **goals** or **objectives** for the system as a whole, to help define overall priorities;
2. Measurable indicators to gauge progress toward achieving those goals, and to provide clear, objective information about the system's effectiveness; and
3. Specific, realistic **performance targets** for programs and service providers that link their activities and services to the overall system goals.

3. Efforts to develop cross-system decision-making and service provision

Across the U.S., and to a lesser degree in Canada, efforts are under way to bridge the gaps between systems and to bring new actors to the decision-making table. Such efforts often take the form of the creation of "collaboratives," which most often are a form of public/private partnership designed to bring together major education/human service institutions in concerted action to improve family/children's services. In most instances the collaboratives lack the formal legal authority to make these changes. However, the authority of the constituent institutions, each operating in its own sphere with its own statutory authority, coupled with the financial and political clout of business leaders has made some collaboratives powerful and influential forces.

In addition to working across service delivery systems, a number of collaboration efforts aspire to bring community representatives "to the table," i.e., into the decision-making process. Representatives of parent groups, neighbourhood residents, and, in some cases, youth themselves have been included on cross-system collaborative bodies. In other efforts neighbourhood-based planning and oversight bodies have been created with the intent to gradually devolve authority over resources to these bodies.

Cutler notes that getting local agencies to operate differently—to re-deploy staff, to change emphasis, to act as though pooled funds already existed by sharing decision-making or at least consulting—may move the local effort closer to its goals than trying—

⁹ Woods, Thomas. (1996). Building Comprehensive, Community-Based Support Systems for Children and Families: A review of Legislative Examples. The Finance Project

beyond advocacy—to reform systems that are too far away to be subject to local pressures.

Perhaps the most difficult and most ambitious road to reform is the creation of a new “governance structure.” One has the problem not only of deciding on the form of the new entity but also of figuring out what to do with the old system and how to dislodge it. The legitimacy of new structures and the understandable tentativeness with which financing issues are approached are closely intertwined.

Nonetheless, collaborative processes in a number of states and communities have proven influential in the informal processes that affect the allocation of funds. Whether these efforts move from influence to authority is the critical issue to unfold.

4. Efforts to focus services at the neighbourhood or community level

In each neighbourhood case an idiosyncratic funding structure was invented by the program itself, made up of the useful pieces of existing funding systems. The immediate incentive and mission at the local and neighbourhood level are to trick the system into giving what is needed to operate, without changing it fundamentally. A number of the localized reform initiatives are able, albeit awkwardly, to get done what is needed even within the current system. They do not change more than they have to, they do not create more opposition than they already have, and they are not often funded to do even the level of policy work or advocacy that they already do.

In the longer view the neighbourhood revitalization/service integration efforts that attract positive attention play a critical role in the financing reform process by serving as examples of what integrated, flexible services look and feel like and by advocating effectively for necessary policy change.

Woods, in his review, observed that within their own borders, communities should be primarily responsible for identifying the services, supports, and service delivery methods that are necessary and appropriate to help families meet their needs and those of their children. The federal government and the states should be responsible for setting broad goals for child and family well-being; giving communities the resources, assistance, and flexibility they need to achieve those goals; and holding communities accountable for the results they achieve, rather than the resources they use or the approaches they take to service delivery. This kind of strong, results-oriented partnership between communities and the federal and state governments can make service and support systems more flexible and responsive.

Concrete Examples

Kids Count—Ontario

This project, initiated in 1995 and currently covering ten neighbourhoods in London, Ontario combines both top-down and bottom-up approaches to neighbourhood-based community development activities. This project is focused on educational opportunities, health programs, community safety, and active living. As of this date, it is sustained by government (three levels) and local charitable funder project funding as well as local fundraising activities.

The project was started by the organized delivery and funding community which developed a preliminary model and principles, and identified a series of neighbourhoods in which to operate. Facilitators were assigned to neighbourhoods to develop community-level involvement and commitment.

The project has developed a research and evaluation component and is attempting to measure outcomes in the identified neighbourhoods against other non-participating neighbourhoods in the city.

Activities to date include:

- leadership camps for neighbourhoods
- youth groups addressing specific issues specific to this age group
- homework rooms established in various neighbourhoods
- computer training for parents
- a literacy project with adults reading to children
- a program promoting family activity times
- breakfast programs in several neighbourhoods
- improved lighting in unsafe pathways used by children
- swimming lessons for children
- community safety forums focusing on summer safety for children
- family pumpkin carving nights
- family/community dances
- movie/sports nights
- playground equipment/part rejuvenation programs

Family Resource Networks—West Virginia

At the macro level (this program is in force across the whole state), one of the most comprehensive examples this reviewer has found is the system of Family Resource Networks developed and administered by the West Virginia Governor's Cabinet on Children and Families. This example is also well documented.¹⁰ The key element for

¹⁰ A number of papers are available at: <http://www.citynet.net/wvfamilies>

the purpose of this review is their focus on collaborative services for children and families.

A Family Resource Network is a community-based organization which has been recognized by the Governor's Cabinet on Children and Families within a county or group of counties as the entity to plan for, assist in the development of, and evaluate collaborative services for children and families. All segments of the community are invited to participate in the FRN's work. Perhaps the most important quality of a successful FRN is inclusiveness. An exclusive group cannot plan for the community. Such a group will encounter competing interests at every turn and plans developed in exclusion of the community are a waste of effort.

The FRN has a Board of Directors that is broadly representative of consumers, families, youth, public and private providers, public officials, and religious, civic and service organizations in that area. In order to assure broad-based community involvement, a majority of the governing board must be non-providers.

The FRN assesses community needs and assets, and recommends priorities in the application of public and private funds. It works to mobilize public and private services, volunteers and public/private partnerships. It also works toward the development of alternative delivery systems which promote quality and efficient and effective operation of public programs. The FRN is expected to develop a "local action plan" which documents community goals and priorities and outlines strategies for meeting community needs.

The FRN is also expected to evaluate its own functioning as well as the results of service system changes which are put in place as a result of local action plans.¹¹

The FRN example includes several key elements of collaborative service provision. First, funding crosses government levels and is combined with non-profit and for-profit resources. Second, funders are more interested in outcomes than in counting pennies. Third, projects **must** be collaborative to be funded. It is important to note that collaboration is more than co-ordination. These providers do more than meet to co-ordinate services. Their funding and their workers are co-mingled to focus their activities on families across sectoral barriers.

Integrated Community Services for Children and Families—Ontario¹²

In July, 1994, the Wellington Children's Services Council received funding through the Community Innovation Fund of the Ministry of Community and Social Services for its

¹¹ From: Family Resource Networks. West Virginia's Approach to Mobilizing Communities to Support Children, Youth and Families: A Manual for Use by Family Resource Networks. (1995) Governor's Cabinet on Children and Families in Cooperation With The Centre on Effective Services for Children

¹² Lemon, Toni J. (1996). Integrated Community Services for Children and Families: An Overview of Activities and Lessons Learned. Guelph, ON: Wellington Children's Services Council

Integrated Community Services for Children and Families Project. There were three components to the project.

1. Shared Services

Shared Services is a collaborative effort between three agencies (Community Alcohol and Drug Services, Family & Children's Services, and the Community Mental Health Clinic) in which a single point intake system for Centre Wellington was initiated. Three additional partners in Shared Services are the Public Health Unit and the two school boards. This model includes a Shared Services Intake Worker who processes referrals and ensures that urgent needs are dealt with immediately, sending less immediate needs to the Shared Services Team. This team, comprised of representatives from the three agencies plus other agency and community representatives, works with the client to co-ordinate a service plan, ensuring that the client receives the most appropriate service and that efforts are not duplicated.

2. Community Development

Community Development projects were initiated in two pilot areas: Centre Wellington and North East Guelph. The goals of both projects included outreach to get community members involved in their neighbourhoods, the identification of community needs, the enhancement of informal helping systems, and the development of a Community Resource Team. The Resource Team concept included both community and agency representatives on a geographically based Team which would identify, discuss, and develop strategies to deal with local issues. Community Development Workers were hired to help facilitate the community development process.

3. Restructuring of the Wellington Children's Services Council: Community Voices

The restructuring of the Wellington Children's Services Council was an effort to include community members in addition to the existing agency representatives on this Council which plans for children's services in Wellington County. This restructuring included the development of a committee to co-ordinate the restructuring and the recruitment and training of new "Community Voices" for the Council. In December, 1995, the new Council was formed with equal representation from the community and agencies.

Rationalization

Currently, the delivery system for children with developmental challenges is being rationalized. Human resources plans are being put into place which will see the transfer of staff among agencies in order to focus service strengths in each of the three agencies involved in developmental services for children.

Scott County Decategorization Program (DECAT)—Iowa

DECAT targets children and families who are eligible for Medicaid, and low-income families without health insurance coverage. The program's Family Service Centres provide care co-ordination for any child or family having assistance needs. School district programs range from health promotion and disease prevention activities to comprehensive Family Resource Centres. The Family Resource Centres are available in six elementary and two intermediate schools.

The DECAT program provides care co-ordination through school-based family resource co-ordinators, juvenile court liaison staff, and the in-home visitors of the Medicaid preventative services program. The program also makes referrals and facilitates access to other services for students and families. These services include medical and dental, chemical/alcohol abuse prevention, domestic violence counselling, mental health, immunizations, lead screening, human services, juvenile court liaison, and care co-ordination.

The schools, DECAT, and community agencies collaborate to offer spin-off programs at the school sites. One such program distributes winter clothing; others offer parenting, tutoring, mentoring, and skill development programs. This program links community agencies, law enforcement, and schools to build strengths among youth, families, and the neighbourhood.

Barriers to Collaboration

Orland, in his review¹³ of twenty comprehensive community-based service initiatives operating in the U.S., identifies a number of barriers to community based support systems.

1. Structural/Legal Barriers

Confidentiality requirements and data sharing are potential barriers to co-operative service provision, although this was overcome on review of the pertinent laws and how they applied.

What was more problematic was the existence of funders' categorical program requirements which did not allow spending on planning, administration, and prevention activities. There was often structural difficulty in transferring funds for supplies and necessities at co-operatively operated program sites because of the requirements of the funders.

¹³ Orland, Martin E. and Foley, Ellen. (1996). Beyond Decategorization: Defining Barriers and Potential Solutions to Creating Effective Comprehensive, Community-Based Support Systems for Children and Families. The Finance Project

Another impediment, identified by Jehl¹⁴, is the potential for salary differentials between workers from different organizations providing similar services in a collaborative project. Differences between unionized and non-unionized staff can also be problematic.

2. Inadequate Knowledge and Commitment to Collaboration

Without existing experience in joint service delivery, many senior staff found the task of jointly planning and delivering services very time consuming. Pre-professional training in co-operative service delivery is almost non-existent, and most administrators had spent their working lives promoting the activities of the organization they worked for, not the activities of others.

Habits are hard to break, and many leaders found it difficult even to get other administrators to attend meetings to discuss collaboration. Even committed leaders found it difficult to bring along their staff and struggled constantly against their staff's protectionism.

Bruner¹⁵ notes that collaboration challenges the authority structure of the organization. In sharing decision making and goal setting, organizations have to share responsibility and authority. Employees may also see collaboration as a threat to their status in their organization.

Collaboration also allows others to challenge the assumptions of one's profession or occupation. Collaborators must work with others who do not respond to the same professional tenets and practice guidelines. (Bruner)

3. Lack of Sustained External Political Support

In a number of cases administrators indicated the difficulty of operating collaborative delivery systems in the face of volatile political support. An election could bring in a new government which might cancel its support simply because the program had been started by the previous government.

4. Inadequate Information and Evaluation Data Systems

In these days of increased accountability and competition for limited resources, funders are demanding evidence that new initiatives provide better service at lower cost. New collaborative initiatives are limited in their ability to demonstrate cost-effectiveness for two main reasons:

- inadequate and unco-ordinated data collection and data organizing mechanisms
- inability to document positive outcomes

¹⁴ Jehl, Jeanne. (1992). Getting Ready to Provide School-Linked Services: What Schools Must Do. Centre for the Future of Children

¹⁵ Bruner, Charles. (1994). Thinking Collaboratively: Ten Questions and Answers. Education and Human Services Consortium

Data collection in individual agencies is often inadequate to the task of providing appropriate outcome information. Combine a number of agencies and the difficulty of organizing and maintaining appropriate data collection protocols is increased exponentially.

Many of the collaborative efforts are directed at children and their families and are based largely on preventative measures. Because of the long-term nature of such initiatives, they are largely unable to produce measures of success in the initial phases of the initiative.

Collaboration: What Works?

The original question that led to this review was: **“What has to be in place for collaborative community service provision to take hold in a community?”** After going through several thousand pages of material, many of the following factors appear to be present in those communities where best practices in collaborative service provision are occurring.

- They exhibit a creative use of funding. Either the funders themselves use their resources creatively, or the providers manipulate the funding to meet their objectives. Where a significant amount of collaboration exists, traditional attitudes towards funding are overcome and the dollars that are available are used collectively.
- The funders, when they take the lead, see themselves as enablers, not monitors. They focus on outcomes, not money management. This appears to be one of the keys to successful collaboration. Funders who support collaboration are more interested in results than in accounting for each budget line.
- Much of the work is focused on the family, extending to the family’s neighbourhood, even when the child is the initiating point of intervention. Most of the collaborative efforts reviewed in this survey see the family and the neighbourhood as the focus of their work, not the individual.
- Most initiatives combine funding from government—often more than one level—with non-profit funders and often private sources. Few efforts were funded by only one source. Combining funding sources sometimes required some sleight of hand on the part of the service delivering agencies (and occasionally on the part of the funders themselves).
- Providers see their services as outcome-centred, not problem-centred. They are often preventative rather than coming into play only when problems are serious. These providers seem to have recognized that they must stem the flow of need upstream rather than waiting for crises to develop downstream. Often they take treatment dollars and stretch their meaning in order to provide preventative services.

Bruner¹⁶ presents these 10 rules for effective collaborative service provision:

Involve all key players

Commitment to change must be broad-based and should include the participation of not only those with the power to negotiate change, but representatives from those whose lives will be affected.

Choose a realistic strategy

Partners need to choose a strategy that reflects the priorities of service providers, the public, and key policymakers, the availability of resources, and local needs.

Establish a shared vision

Co-operative ventures are based on a recognition of shared clients. Collaborative partnerships must create a shared vision of better outcomes for those they serve.

Agree to disagree in the process

Participants need to establish a communication process that gives them permission to disagree and uses conflict resolution as a constructive means of moving forward.

Make promises you can keep

Setting attainable objectives, especially in the beginning, is necessary to create momentum and a sense of accomplishment.

Keep your eyes on the prize

It is easy for collaborative initiatives to become so bogged down in the difficulty of day-to-day operations and disagreements that they lose sight of the forest for the trees. We are striving for better outcomes and more successful futures for the people we serve.

Build ownership at all levels

The commitment to change must extend throughout the organizational structure of each participating agency. In-service staff training should allow staff time to air feelings about proposed changes and to predict resulting outcomes of the changes.

Avoid “red herrings”

¹⁶ From: Bruner, C. et al. (1992). What Does Research Say About Interagency Collaboration?. Oak Brook: NCREL

Partners should not let “technical difficulties” impede the development of a shared vision. Most differences usually result from misunderstandings or from policies that can be changed or otherwise accommodated. They should not be allowed to become convenient excuses for partners not fully committed to working together.

Institutionalize change

Participants must incorporate partnership objectives into their own institutional mandates and budgets, and earmark the permanent flow of adequate resources to keep joint efforts going.

Publicize your success

Interagency partnerships are a promising conduit for the large-scale creation and delivery of comprehensive services to children and families. Well-publicized results that consistently meet reasonable objectives will go far to attract the funding necessary to replicate and expand innovation.

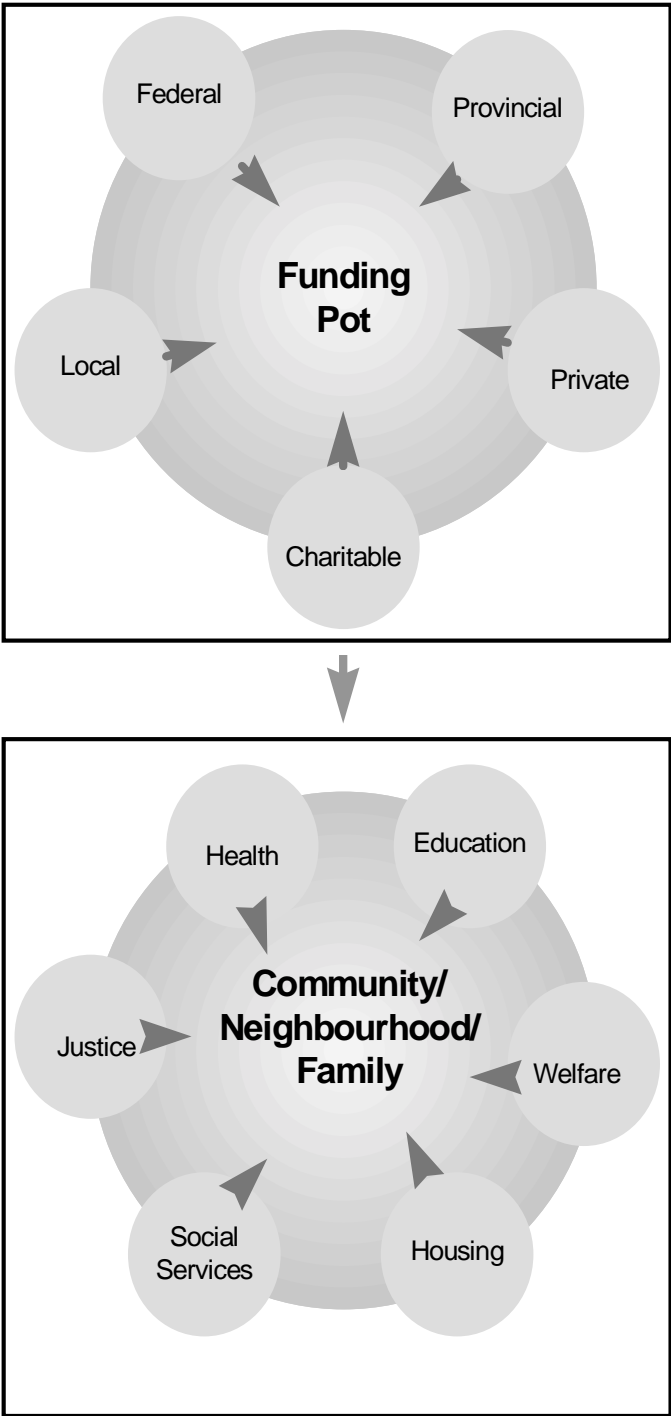
The diagram below (Figure 1) is illustrative of the mix of funders and providers in successful collaborative delivery systems this reviewer has analysed. The funders encourage at best, or tolerate at worst, the intermingling of funds for collaborative projects. Financial accountability of the traditional kind—line-by-line specifying what each amount was spent on and within specific program boundaries—is replaced by accountability for outcomes. The funders see themselves as enablers, not custodians.

The providers (often along with the community) develop a collective vision and joint goals for a particular undertaking. Then they use some of their funds collectively to resource services that cross sectoral, discipline, and organizational barriers. Services are often preventative in nature and they focus on creating outcomes for families and neighbourhoods or communities. In these projects there is considerably more integration of systems than in most other communities.

School districts open their buildings to other organizations for joint service provision. In many communities they function as neighbourhood service centres. Money leaves direct service organizations and is intermingled with funding from the other service providers, preventing the usual line-by-line accounting back to the board and funders.

The net result, judging from the reports, is a change in the way many organizations visualize what they do. Services are directed to people, not problems; and are provided in the context of families and neighbourhoods. Success is measured in terms of outcomes more than in terms of the number of people served.

Figure 1. Collaborative Funding and Delivery Model



The Collaborative Process

The collaborative process is pictured in Figure 2. Inter-service collaboration begins with the ability to develop a shared vision among two or more organizations. Developing a shared vision has to precede developing the collaborative service. In this way, the collaboration flows from organizations that recognize that they have common ends. If organizations try to develop a joint service first, fitting it into their existing visions (if the terminology is vague enough, this isn't hard to do), then when the going gets tough, they are much more likely to find that they are actually pulling in different directions.

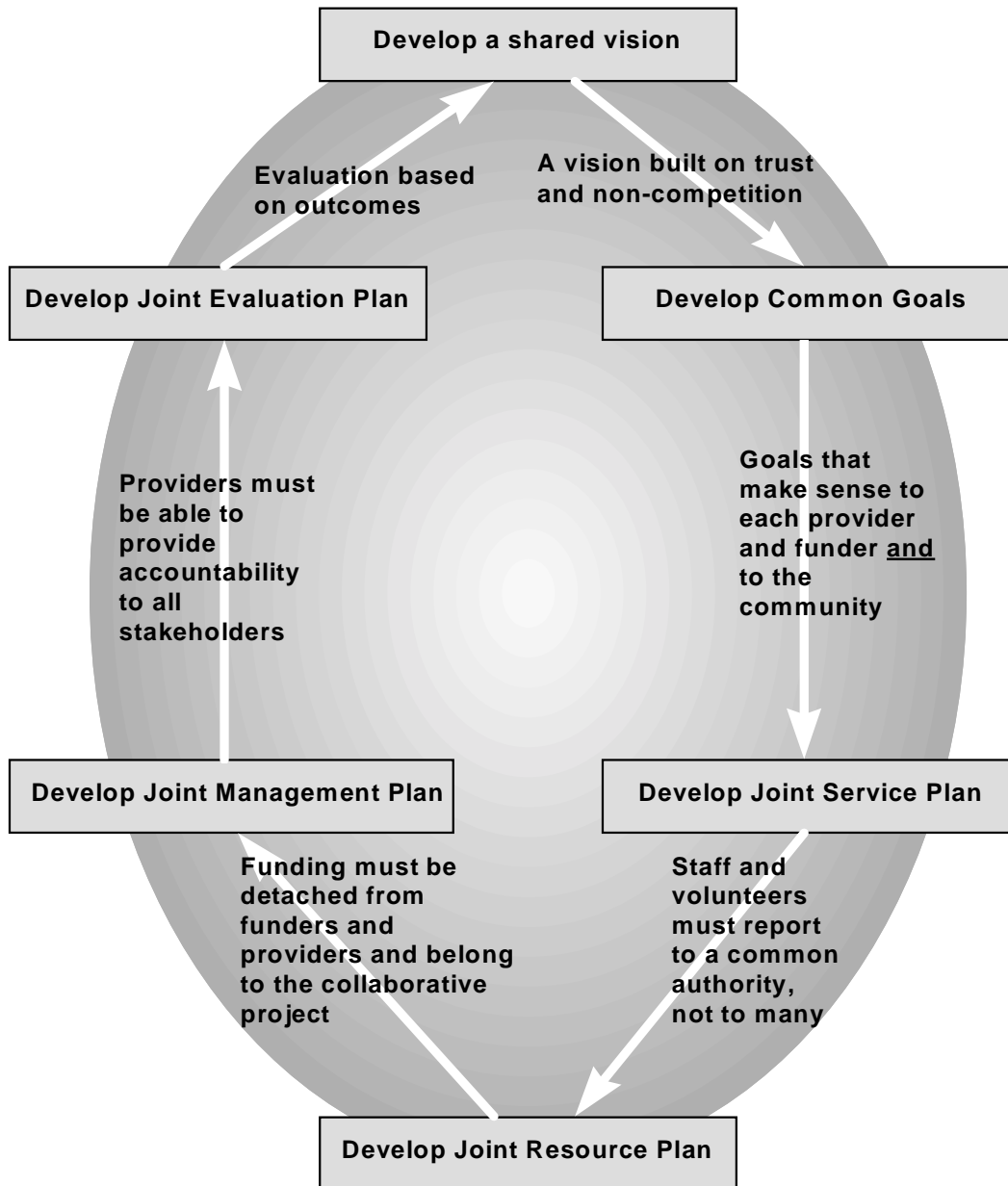
Out of the shared vision, the participants must develop common goals for their collaborative effort. The goal-setting process can involve the widest possible set of stakeholders and often involves the local community and/or potential service users as well as participants from all levels of all service providers involved. Successful collaborative projects grow out of a realization that effective services see people as part of families and families as part of communities. The services must meet needs within this context to be effective.

Once the goals of a collaborative undertaking have been identified, each organization must identify what they can contribute to the collaborative service—financing, staffing, volunteers, non-financial resources, etc. This goes considerably beyond the practice of separate providers delivering services in a shared location. In a collaboration, individual providers give up control of this part of their service and resources to the collaborative undertaking, which then is managed as a whole rather than in separate parts.

In order for this to happen, funders must be willing to shift the locus of their accountability requirements from spending to outcomes. The staff and boards of participating organizations must be willing to commit resources in ways that may not necessarily match with their current chart of accounts and the format of their financial statements.

Finally, in successful collaborations, effectiveness measures are based on outcomes much more than output. Funders recognize that many collaboratives are preventative in nature and may take considerable time to produce measurable results. The funders are willing to encourage this—or at least turn a blind eye to their current reporting requirements.

Figure 2. The Collaborative Process



Additional Research Required

Because the movement to collaborative service provision is still fairly new, and because much of the work done collaboratively is preventative in nature, little research has been done on the effectiveness of collaborative systems—especially as compared to traditional responses to need. The documentation that does exist is descriptive, rather than analytical. **It is clear to the researcher that Canadian examples of collaborative services need to be researched and reported much more thoroughly than they have been to date.** In order for collaborative efforts to prosper and grow, providers need to be able to learn from their peers and to build on their successes.

Funders, as well, must come to understand the different nature of collaborative service projects and the changes in funding protocols that are necessary to help them flourish. There appear to be two main differences between U.S. and Canadian funders vis-à-vis collaborative projects. The first is the much greater willingness of U.S. funders to collaborate in their own funding efforts. The second is their greater willingness to turn delivery decisions over to communities and providers. **The second area of research that is required would explore the changes that are needed in the current legislative funding framework for community services (federal, provincial, and municipal) that would allow collaboration to proceed more smoothly.** U.S. efforts at decategorization and decentralization have progressed far beyond most Canadian practices and until changes are made here, collaborative service provision will remain more of a challenge than an opportunity.

II. CANADIAN EXAMPLES¹⁷

There is little organized documentation of community service collaborations in Canada. The best collection the researcher was able to find is published by the National Crime Prevention Council. These projects are funded through a number of mechanisms including Community Action Program for Children (CAPC) and Better Beginnings Better Futures.

Alberta

Opening Doors^{NCPC} is a multi-agency initiative in Calgary that is a new way of thinking about how to provide services to children and their families. Initiated in 1991, 14 agencies, including local boards of education, municipal and provincial social services, health services and the police, have come together as partners in designing and implementing collaborative and integrated services. Future action includes providing a supportive role to the provincial government in its efforts to co-ordinate services for children and their families.

The Huntington Hills community is the site of a community model prototype. Here, Opening Doors partners have worked closely with the local community association. Together, they have faced the very real challenges of integrating planning, reducing duplication, crossing organizational and sectoral boundaries, and increasing awareness of resources. Collaboration, co-ordination and integration are hard work. Key understandings have been realized about successful partnerships and creating effective collaborative practices in the delivery of services to children. Professionals and administrators from the health, social services, education and justice sectors have worked with community members and families to find new ways of doing business in Huntington Hills. There is now a professional resource group and a family resource centre, have been established to serve the area.

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¹⁷ Examples designated NCPC are excerpted from the Web Site of the National Crime Prevention Council of Canada. The information was published in 1996.

The learning experiences from Huntington Hills will be extended to other communities in Calgary. Other components of Opening Doors include: liaison with other collaboratives to explore how initiatives' can work more closely together to maximize efforts and share learning and implementation of an integrated information management system to facilitate transorganizational information sharing and service availability.

Opening Doors is in a unique position to promote the establishment of efficient and effective community-based service delivery systems for at-risk children and their families through the development of collaborative and integrated working partnerships.

Success by Six^{NCPC} is a community-wide effort in Edmonton trying to ensure that every child starts Grade 1 ready to learn. It is not a program or service or agency. It is a collaboration across sectors and services to help children succeed in their first year of school—an important step in improving their life chances.

Partners in Success by Six include governments, non-profit agencies, businesses, police and public health. The initiative is currently involved with eight geographically linked neighbourhoods in Edmonton's inner city area. Individual communities have differing needs and priorities, but the working model is a seamless spectrum of programs bringing together prenatal services, parenting groups and supports, early literacy, pre-school education and kindergarten to young children and their families.

Success by Six is helping communities to develop these kind of resources during the early years by building community support, improving service access and expanding collaborations. Although only in operation since January 1995, Success by Six has already made progress in getting service providers to work together.

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The Penbrooke Meadows Community CORE Project^{NCPC} is a three-year community-driven project to improve the health of the community, as well as the physical, social, educational and economic environment. This diverse community of 13,000 residents wants to be identified by its assets, not its challenges.

Started in 1994, CORE^{NCPC} stands for Communication, Organization, Representation and Education. It strives for short and long-term change in pride and image, safety and security, family and youth support, multicultural inclusion, economic and education development, and communication. The project plans to develop a sustainable entity, one that emphasizes high levels of involvement, participation and ownership by all members of the community. This innovative approach supports citizens' involvement at the grass-roots level in planning and decision making, while working collaboratively and co-operatively with existing community agencies and associations. Citizen committees

for each of the areas for change are supported by an infrastructure and staff to encourage co-ordination, prevent duplication, support accountability through evaluation, act as a resource and help guide a path toward a common vision of “A Healthy, Safe, Clean Community for All.” The Family and Youth Support Citizen Committee is working to identify residents, agency supporters and youth willing to work on making things better for families and youth in this community. The committee will try to ensure that these are involved in decision making and that issues affecting all ages and cultures are addressed. To involve everyone, the committee has two sets of parallel meetings to accommodate different schedules. A separate youth committee is being planned to build trust and skills so they can participate in other citizen groups. Some initiatives of the committee are a babysitters co-op, toy-lending library, coffee house and teen activity night.

The staff also assist residents to get in touch with the community resources. An inter-agency professional resource team—Boys and Girls Club, Alberta Family and Social Services, Calgary Catholic Immigration Society, Calgary Police Services, local school representatives, Calgary Social Services and CORE—provides an integrated approach to families experiencing difficulties. The staff facilitator is also working with other agencies to maintain the City of Calgary Social Services Young Parent Support Program despite funding cuts, because a number of Penbrooke parents are affected. Efforts are also being made to co-ordinate local support for emergency food and clothing hampers.

The above are just some of the projects established during the first year of the project's operation.

The Penbrooke Meadows CORE Project recognizes that community development is a continuous process whereby new projects, actions and citizen involvement will ensure the sustainability of the initiatives. The project is funded by the Calgary Foundation, Muttart Foundation and a Wild Rose Provincial Grant. Additional support of donations is provided by community project partners. The project is being monitored and evaluated to assess its progress in engaging the citizens of Penbrooke Meadows in this community development process.

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Parkland Healthy Families^{NCPC} is an inter-agency, professionally initiated association with many member agencies. Members include education, health and social services, as well as community members. This non-profit association now administers the Brighter Futures Program, a program for families with high-risk children from 0 to 6 years of age. The association also administers the Turning Points Program which is

funded by Alberta Mental Health and provides services to individuals in abusive relationships. Both programs are built on ongoing needs assessment and evaluation.

Members represent such agencies as:

- RCMP
- Victim Services
- Mental Health
- Foster Parents Association
- Family and Community Support Services Stony Plain
- Family and Community Support Services Spruce Grove
- Stony Plain Municipal Hospital
- Stony Plain Health Unit
- Alberta Correctional Services
- Parkland School Division
- Recreation Services Town of Wabamun
- Big Sisters/Big Brothers
- Changes
- McMann Youth Services
- WestView Regional Health Authority #8
- Good Samaritan Care Centre
- Alberta Social Services
- Community Members

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British Columbia

Ray-Cam Co-operative Centre^{NCPC} was established to provide recreational, educational, social, cultural and economic programs to advance opportunities and abilities of community members, especially children and youth. The centre operates as a charitable organization in partnership with two associations of elected community members and the Vancouver Board of Parks and Recreation.

Operating in a culturally diverse and low-income area, the centre relies on community members who contribute their strengths and talents to improve the lives of children and families. Community residents operate many aspects of the centre: for example, a youth council manages funds from its quarterly budget to hire staff and plan activities;

similarly, family and seniors councils have their own budgets. In addition, the centre is involved in research and regular program evaluation and monitoring.

The centre is the base of a wide range of programs planned and delivered by community members and staff: family support and assistance, social and cultural development, educational and upgrading support, and lifestyle and health. Other services involve employment support, advocacy, recreation and community action projects.

One example of community action improving outcomes for children is the foster parent training project called Inner City Foster Parent. In 1990, the community tackled the issue of children being removed for protection purposes. Children were moved two hours from their schools and community, from a multicultural inner-city environment to middle-income suburban families, because local foster homes were not being approved. The result for the children and youth was culture shock. The standards and home study process for foster care were based on cultural values that did not apply to the children's home community. Youth, parents and staff asked for support from Ray-Cam Co-operative Centre. With a Job Development Grant from the federal government, the centre began training foster parents who were approved by Social Services. Over nine months, 100 children and youth were placed in their own community.

Ray-Cam and other downtown community and neighbourhood centres offer foster parents supports such as youth workers and family support workers. These workers can complement the foster parents' work with the children and youth whom the workers already know as members of the community. Three support centres have been set up in connection with community organizations to provide more support (such as drop-ins) to foster parents. Training for respite foster parents is planned, and foster parents are tackling such inner-city issues as HIV-positive children and drug-addicted natural parents. Foster parents have also made a request for a community-controlled fund for respite care and for timely and sensitive emergency response to the needs of foster parents and children.

Plans are under way to involve current foster parents in recruitment and home studies, and to make use of their knowledge and understanding of the community and their sensitivity to inner-city issues. Foster parents are beginning to see how their expertise can be used for the benefit of their community's children and youth. This growing expertise helps foster parents to gain the respect of their communities, and to promote respect for fostering in general. Another example of the community's focus on children is the creation of a residents' group to address the lack of child care centres in the Downtown Eastside community. After a series of meetings in early 1993, this group of parents decided to work together to continue a lobby for child care facilities for their community. They now work under the name "Children Need Care Now" (CNCN).

CNCN prepares its own reports for use in lobbying, such as the 1994 report, *Your Promises, Our Future*. In addition to child care, the group advocates for other family and children's programs designed in co-operation with community parents, service providers and others in the community. A current project of this group is the formation of the Downtown Eastside Children's Coalition. Working together in partnership with the community and neighbourhood centres, service provider professionals and interested

community members, CNCN is involved in the establishment of a parent-directed process to revamp family and children's services to better meet the needs of residents in at least four community sites. Examples include more flexibility as to when and how services (such as home visiting and drop-ins) are provided.

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The Revelstoke Family and Youth Resources Society^{NCPCC} has received Brighter Futures CAPC funding to establish a Family Place Drop-in Centre. The centre will provide resources, materials, formal and informal education, support and referral services for Revelstoke families. Specific programs now include a play group and infant seminar series. The mission of Revelstoke Family Place is to "promote the well-being of families in all their diversity" through access to community resources and supports to help families build on their strengths. The values and goals show an underlying commitment to co-operative family and community efforts, including parent participation in program planning and management of services.

The Revelstoke Family and Youth Resources Society, in concert with the Revelstoke child and Youth Committee (CYC), provide direction to the Family Place Committee which oversees the project. Representation on these groups includes parents, social agency workers and professionals from family and children's services, mental health, public health, child care, the school district and the Ministry of Social Services.

Revelstoke is an isolated community of about 8000 with a young population compared with other communities. Before the CAPC application, the community had undertaken a

number of community-based projects such as establishing the Community Forest Corporation.

Family Place was developed in response to the realization that parenting and caring for young children is demanding. This role is made more demanding by the stress and isolation that so many parents and caregivers experience. A community survey in 1993 found that the community's prime concerns were children's support services, teenage pregnancy and family violence. Also, the community was concerned that increasing numbers of primary level children in school were showing evidence of social and learning challenges and that one in eight children in Revelstoke were in families on income assistance programs.

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New Beginnings Program^{NCPC} is a collaborative program of School District No. 34, Abbotsford Community Services, MSA Public Health Unit and the Ministry of Social Services. The program's mission is to provide a "full- and part-time education-based program for young parents, before and after the birth of their child" using a "holistic approach which encompasses education, child care support and health services." The program assists young parents to reach their educational goals and help them develop parenting skills that will strengthen families and promote self-reliance.

The program offers support for participation in the regular school program, the New Beginning's outreach program (course work in the students' homes or on an appointment basis at the outreach centre), day-care for both the outreach and in-school programs, Young Fathers' Outreach Program and public health nursing liaison. Through this combination of programs, students are enabled to complete their high school education. Over the past year students in the program had a course completion rate of nearly 90 percent. About 50 percent of the students were integrated last year.

Many of the young parents were 16 or 17 years of age and living at home. The new Young Fathers' Outreach Program provides support for young fathers, using a variety of approaches: one-to-one counselling, advocacy and teaching of self-advocacy, parenting education, recreational activities and a support group. The outreach worker responds to young fathers' many areas of concern, including education, employment life skills, parenting, relationships, stress management, anger management, substance abuse, legal concerns, birth control, and the rights and responsibilities of fatherhood. The worker has developed a Nobody's Perfect resource booklet to highlight the relevance of the materials for fathers.

In addition to the collaborating organizations, other individuals and community organizations support New Beginnings. The organizations include the Ministry of

Women's Equality, churches and community clubs. The program aims to maintain a spirit of mutuality at all levels in the organization and in service delivery.

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Manitoba

The Neighbourhood Parenting Support Project^{NCPC} was a four-year (1988 to 1992) research and demonstration project in two inner city, high-risk, multicultural Winnipeg neighbourhoods. The project was located in one neighbourhood, while the other neighbourhood functioned as a comparison or control neighbourhood. The project involved social network intervention which meant focusing on the informal and formal helping systems related to keeping children identified at risk for child maltreatment with their families. The intervention strategy was successful in preventing child maltreatment.

The project intervened in informal personal and neighbourhood networks to strengthen support for parenting. The project also brought together formal services with informal support and helping networks. The social network of each person was mapped and changes or new connections and links were planned and carried out to provide increased resources and supports. Neighbourhood parenting support workers worked with parents to identify social networks, mapping and linking these networks, and providing direct social support and coaching. The project provided direct parenting support to 100 parents over four years and assisted in expanding social support and parenting support networks. The parenting support networks and use of neighbour-friend support were higher than in the comparison neighbourhood.

Major findings were that: social network intervention does improve both informal helping and support; formal systems can be meshed with informal systems; and the risk of child maltreatment can be reduced in a neighbourhood by social network intervention. Since the completion of the project, the Manitoba Community and Family Service

Agency has not continued the original intervention. However, in both communities, residents are building on the initiatives started through the project. In Spence community, members and organizations have received CAPC funding for an Aboriginal-based health visitor's program. In the East Broadway neighbourhood, commitment is building through a housing coalition for neighbourhood supports for parents and families.

The original project is now being applied to two other neighbourhoods. The researchers are attempting to replicate the original project to explore its potential for other neighbourhoods.

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The mission of the Andrews Street Family Centre (ASFC)^{NCPC} is to create a supportive and nurturing setting that facilitates the development of children within their families and community. ASFC is founded on the belief that children are reliant on their parents and that all parents, regardless of their life situations, require help and support at times. ASFC uses a family-focused approach based on mutual trust to provide practical supports in the neighbourhood.

The establishment of ASFC and the program development evolved from extensive community consultation, including surveys, large consultation meetings and “kitchen table” meetings. Of 720 surveys completed by community members, 420 respondents volunteered their skills to help develop their community.

Community members are now involved in the board of directors of ASFC—over half are community residents. A separate advisory committee includes schools, a health clinic and the health department, Native women’s and other community development organizations, Native Addictions Council for Manitoba, Winnipeg Friendship Centre, Ma Mawi Wi Chi Itata Centre, Winnipeg Child and Family Services, Social Planning Council and Neechi Foods. In addition, other organizations are consulted regularly, including other family and children’s services, schools, churches, United Way, employment training and educational institutions and Native organizations. ASFC is funded in part by Brighter Futures.

Community residents are involved in more than governance. In addition to volunteering in programs and with other activities, some residents will be hired as employees of ASFC. Over the next few years, the goal is for paid professional staff to “work themselves out of a job,” by helping residents obtain the training and support they need to apply for and take on the responsibilities involved in operating ASFC. Current staff will reduce their time to one-half by 1996-97.

As a result of requests and involvement of residents, AFSC operates four main programs:

1. Andrews Street Family Centre is a family resource centre offering a parent-child drop-in and support groups; children's programs; prenatal, parenting, nutrition and health programs; fathers' night; food co-operative and community kitchen; washer and dryer and clothing exchange; literacy supports; work experience; workshops; and other community development projects.

2. Pritchard Place Drop-In is for children and youth 7 to 17 years of age. It emphasizes cultural and recreational activities and encourages parents to be involved along with their children.

3. Moms Helping Moms helps adolescent single parents make connections with each other and with needed services. The goal is to prevent crises and family breakdown by providing practical supports. Some young mothers have received training through the local community college and now support other mothers on a peer support basis. Three positions have been funded by the provincial family services department.

4. The Andrews Street Community Patrol Co-op grew out of the community's desire to improve safety in the neighbourhood. Residents are trained as volunteers who act as drivers, walkers and dispatchers to monitor activities. The goal is to reduce vandalism, break-ins and gang-related activities that kept many people from leaving their homes.

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The Child/Family Resource Centre ^{NCPC} in Cranberry Portage provides support to families through education, Native cultural programs and resources. The centre was established to respond to the needs of isolated families and teens who were pregnant and dropping out of the local high school.

The centre is located in an elementary school building and is furnished in a home-like manner to provide a welcoming environment. The school-based location is a safe environment for families to visit. Services are provided to Cranberry Portage, Moose Lake, Cormorant and Flin Flon, with plans for expansion to other communities in 1995-96. The centre offers a long list of programs: child/parent playgroups; book, toy and adult resource libraries; community kitchens; Muffin/Juice Drop-in, Positive Indian Parenting Program, Mitts for Kids Program, St. John Ambulance Babysitter Course, education about and support for parents and children affected by Foetal Alcohol Syndrome and Foetal Alcohol Effects (FAS/FAE), Nobody's Perfect Parenting Program, and information and referrals about other community and government services and programs.

Parents who use the service are involved on the board of directors and as leaders in parent education programs. They gain self-confidence and extend their knowledge and skills through first co-facilitating groups with experienced leaders. Parents also recruit other parents and are mutually supportive through their participation in programs.

Children in the school where the centre is located also volunteer their time in centre programs, such as the muffin/juice program. Community members volunteer their time, and are rewarded through a volunteer recognition program. A regular newsletter informs the communities about upcoming programs and recent events, and provides information about child safety and child development.

Community members are starting to contribute educational and community event information to the newsletter as well.

Organizations involved with the centre include the local elementary and high schools, the Indian Métis Friendship Centre in Flin Flon, Addictions Foundation, The Pas Family Resource Centre, The Children's Developmental Centre (day-care), Greenstone Business Development, town council, Aurora Crisis Centre, local church groups, and business and service clubs.

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New Brunswick

The Saint John Family Resource Centre ^{NCPC} is an expansion of the former Single Parent Resource Centre. Through CAPC funding in 1993, the centre was able to expand its mandate to serve all families in the low-income urban area. At that time, the centre joined with a coalition of service providers to provide services on a collaborative basis. The program has broad goals that touch on income and employment; family life; physical, social, emotional and developmental needs; housing; physical safety; nutrition; and education. Activities include:

Building Self-Esteem and Gaining Independence (an intensive program for women) workshops on parenting, wellness a community kitchen project (menu planning and meal preparation) volunteer-led craft class

Teen Mothers Support Group and Special Delivery Club (pre- and postnatal support) Nobody's Perfect (parent education) personal growth programs (8 to 10 weeks): grieving, relationships, women and anger, and self-awareness (on an as-needed or as-requested basis) supportive counselling and referral available by phone or drop-in (CAPC funded), includes gym on Saturdays, newsletter (CAPC funded) , toy lending (CAPC funded), a parents' association (a group to identify family needs in the community and work to create services).

With CAPC funding the centre's activities and hours of operation have doubled and weekend activities have been added.

The organizations involved include churches, the Health and Community Services department (home economists and social workers), community colleges (counsellors), the Learning Exchange (which provides the literacy program), the Community Health Centre, the Human Development Council (which includes business, community, agencies and community people), and a network of agencies serving single parents.

The agency board of directors has nearly doubled from a year ago with the addition of parent participants and a CAPC coalition member. New members have challenged the former board "to learn to share decision making." The original CAPC coalition meets occasionally and makes decisions in consultation with the consultant from Health Canada, staff, volunteers, parents and the board. For each program provided jointly with another organization, there are separate formal management processes that involve both agencies and program participants.

The centre sees success as indicated by two major factors: (1) the increase in people using the centre, and (2) parent participants taking ownership of the centre by working as volunteers in the centre itself and sitting as volunteer board members. As parents gain experience, the community's capacity to tackle community problems is developing.

The development of a shared vision among coalition members is an important factor underpinning this success. This vision includes intersectoral service development, parent ownership, and a focus on both the parent and the child. The principle is that children are only as well as their parents. Other important and practical contributors to the centre's success are various supports which make the centre more accessible to single parents—for example, bus passes and free babysitting for the teen moms' group.

The centre is developing an overall evaluation process, in addition to undertaking evaluations of individual user satisfaction in some programs. To date, users have indicated changes in their abilities to manage stressful situations, awareness of their children's needs and emotional development, and their overall wellness.

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The Intrafamilial Sexual Abuse Program (ISAP)^{NCPC} was established in 1988 to provide services to rural families in which child sexual abuse has occurred. An inter-agency, multidisciplinary, community-based program, ISAP also informs and educates a range of professionals and volunteers.

The ISAP Planning and Review Committee meets bi-monthly for case review and to guide the development of the program. Community linkages continue to be critical to the growth, development and maintenance of ISAP. These community linkages include the ISAP Community Support Group; Charlotte County Community Mental Health Services; Family and Community Social Services; Justice Department; Department of Education; Inter-agency Family Violence Committee; Department of Human Resources and Development; the local medical community; and local religious organizations. The collaborative approach built on these relationships has proven to be essential in a small rural community where there are scarce resources.

A process evaluation of ISAP was completed in 1995 and the results are available in a handbook which documents the program's internal organization to allow replication in other rural communities.

The ISAP guide is available from: ISAP, P.O. Box 300, St. George, NB E0G 2Y0.

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Mental Health Commission
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Newfoundland

Port au Port Community Education Initiative, Inc. ^{NCP}, a non-profit organization connecting educational initiatives with community needs, evolved in Port au Port, Newfoundland, over several years. Community members wanted to improve literacy rates and reduce high school drop-out rates.

A series of projects and programs connected with life-long learning and involving various community partners were developed starting in the early 1980s to address these goals. Ten years later, in 1993, agencies and organizations came together to integrate services and formalize the Community Education Initiative. This partnership

supports community economic development by focusing on social issues and life-long learning from the early years on.

Current activities include early childhood programs, community schools, alternative/adult education and community awareness initiatives. The early childhood programs, located in primary schools, include family resource centres and pre-school enrichment programs. The community schools try to connect education and community life through literacy programs, parenting programs and community-based curriculum development. Alternative/adult education at the Pathfinder Learning Centre provides an alternative setting to pursue high school level and adult basic education courses using a computer-managed system which allows for independent study. With federal and provincial support, the centre also has co-ordinated other training and employment initiatives. These include a co-operative education program and linkages that match youth with a local employer for 26 weeks.

Locally televised community forums are used to broaden the base of participation and involvement in the planning of Community Education Initiative activities and future directions.

Local school boards, economic development associations, the Department of Social Services, Human Resources Development Canada, the local community college, police and public health departments are among the agencies essential to the Community Education Initiative. When a problem arises, necessary decisions are possible because everyone is at the table.

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The Brighter Futures Coalition of St. John's and Area^{NCP} consists of eight community groups and organizations within St. John's and the surrounding area. The coalition partners are:

Bell Island
709-488-3508
Buckmaster's Community Centre
709-579-0718

Froude Avenue Community Centre
709-579-0763

Kenmount Neighbourhood Centre
709-748-2082

Rabbittown Community Centre
709-739-3452

Shea Heights
709-726-2589

St. Scio Community Centre
709-722-1168

Virginia Park Community Centre
709-579-4534

The coalition was established to provide programs and services targeted at children at risk, living in these areas, between 0 and 6 years of age. With funding from Health Canada approved only recently, the coalition has just begun to establish programs. The coalition completed an extensive needs assessment in each of the eight communities to determine what specific programs and services need to be developed and implemented.

Anticipated programs include community kitchens, toy libraries, family resource centres, child safety programs, parent and child programs, and much more. These community-based programs are being designed to involve parents as well as children. In fact, parents will play an active role in program development and management, serving on both the board and parent committees in each of the communities.

The Community Centres of St. John's ^{NCPC} were set up by the Newfoundland and Labrador Housing Corporation to encourage tenants in housing projects to become more involved in their communities.

In 1985, the corporation opened the first of five centres located in the housing project areas of St. John's. Each centre has a board of directors consisting of at least 50 percent tenants, the remainder being community agencies and resource personnel. The common goal of all centres is the enhancement of the quality of life of residents through recreation, education, social and vocational programs. Programs offered through the centres include well-baby clinics; pre-school health checks; tutoring and literacy programs; pre-schools; teen, parenting and seniors programs; summer recreation programs; plus a wide variety of community social events.

All centres collaborate to participate in joint funding projects and programs to enhance the interests of the areas they serve. An example is the development of the Brighter Futures Coalition of St. John's and Area, in which each community centre manager serves as a Brighter Futures board member. The Brighter Futures-funded programs to

be piloted at the community centres are a prenatal program, a community kitchen, a toy library and child safety programs.

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Located in Bay St. George, a rural area, the Sexual Abuse Community Services Program (SACS) ^{NCPC} aims to serve children who have experienced sexual abuse and to improve the climate and support for people who disclose sexual abuse experiences. The program provides intervention that is both survivor-centred and accessible in responding to needs linked to experiences of sexual abuse.

The service came about as a result of lobbying from community members, professionals and social, health and education services who argued that existing services in the community could not address the needs of survivors of sexual abuse. SACS has been made possible through co-operation among the provincial departments of Health, Social Services, and Education. These departments allowed three counsellors from different disciplines to work together using a team approach. This team operationalized the service model and opened the service in March 1993.

The mandate of the service is threefold: (1) to provide counselling and support services to people affected by sexual abuse, including survivors/victims and non-offending support person(s); (2) to promote community awareness of the impact of sexual abuse; and (3) to foster co-operative efforts among other community services and government agencies.

The model is set up to be readily accessible and welcoming. It is accountable to Community Health and a sub-committee of the local Mental Health Advisory Committee. It is located in a community hospital-based mental health service.

Although three independent evaluations of the service have been positive, the future of the service is uncertain given financial constraints.

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Daybreak^{NCP} is a family intervention service for low-income families with children who have special needs and/or challenging behaviour. The children's program is a specialized child care program with enrichments. The parents' program focuses on strengthening parenting capabilities and requires parent involvement 75 percent of the time. A separate support program for young pregnant women has been evaluated and shows exemplary results.

Using an holistic approach, Daybreak offers literacy training, budget management and food supplements in addition to the parenting focus. The philosophy emphasizes respect for participants and building self-esteem. Evidence of the program's abilities to facilitate these results is parents' recent lobby of government officials for program funding. Daybreak works with other organizations in two ways: at the program level through co-operative programming, such as literacy training with a literacy organization, food supplements with a service club and nutrition education with public health; and at the individual participant level, through co-operative case planning.

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Nova Scotia

The Cape Breton Family Resource Coalition ^{NCPC} aims to develop a family resource centre in Sydney with satellite components throughout the Island. The centre will deliver a range of co-ordinated services that promote the health and well-being of children between 0 and 6 years of age in Cape Breton. Based on an interdisciplinary, family-centred philosophy, the objectives are to establish parent education programs, a toy and resource library, play groups, drop-in programs, and an early intervention program.

The coalition itself consists of an elected board of directors and outreach committees representing the various communities of Cape Breton. The board and committees include parent consumers, professionals and other interested volunteers. The group applies community development principles in forming partnerships with existing local services and agencies. All services are delivered in a non-threatening and non-judgmental manner.

The communities of Cape Breton are characterized by diverse cultural backgrounds and family compositions. Its rural nature and limited resources tend to add increased pressures on family unity.

This program is intended to reduce risk factors for young children and their families in an area where such services have not been available.

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Family SOS ^{NCPC} is a non-profit organization using a "hands-on" approach to work toward the preservation of the family. The program consists of weekly home visits of an hour or so for as long as the worker and the parent mutually agree to continue. Family SOS is also developing a specialized six-week program in which workers are involved with families 20 to 30 hours each week, a more intensive intervention fashioned after the "Home Builder Program" in the United States.

Family SOS is also providing infant care parent training. Maternity hospitals identify high-risk parents and Family SOS provides staff for long visits each week for eight weeks. It is an attempt to replicate the extended families who are not available to all young parents.

To reconnect extended families and increase the family's role in decision making, Family SOS is interested in testing the "family group conferencing" approach. Started in New Zealand, this approach brings families together to prepare plans and provide supports for a child who is in need of care and protection. The concept is built on the confidence that families can come up with their own decisions and solutions when provided with the opportunity and supports necessary to implement their plans.

The approach is not yet being used in Nova Scotia, but Family SOS has submitted a proposal to the Nova Scotia Attorney General's Department to finance a demonstration project on family group conferencing. Rural areas of Nova Scotia have indicated interest in this approach. In Newfoundland, Memorial University completed a highly successful family group conferencing demonstration project in March 1995. Success has been reported in New Zealand and Britain. British Columbia includes family group conferencing, among other strategies for conflict resolution, in its revised child welfare legislation. In the United States, Vermont and Oregon are considering such legislation.

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Ontario

The Sparrow Lake Alliance^{NCP} is a voluntary coalition of Ontario professionals working with children, senior members of provincial government ministries, and members of other provincial networks and organizations who are committed to improving the lives of children. The group rose out of the growing awareness among child mental health professionals that it was not possible to meet all the needs of children with mental health problems. As a result, the group advocates a focus on prevention strategies, service integration and improvements, and basic entitlements for children.

The alliance is a significant network of practitioners, policy makers and advocates concerned with the health and well-being of children. Its broad and diverse membership includes representatives of parent and youth groups and its flexible structure characterizes the alliance as a forum that shares information, develops policy initiatives

and acts as catalyst for other activities, such as the Ryerson Public School Initiative and Voices for Children (formerly the Coalition for Children, Families, and Communities).

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One of the main initiatives of the Sparrow Lake Alliance is the establishment of Voices for Children (formerly the Coalition for Children, Families and Communities). Voices for Children is an umbrella organization comprising a coalition of associations and individuals based in Ontario that focuses on healthy child and youth development. Dr. Paul Steinhauer chairs a steering committee of 17 organizations, including the Ontario Chamber of Commerce, the Ontario Federation of Labour, the Ontario Teachers' Federation, the Ontario Secondary School Students Association and the Sparrow Lake Alliance. Voices for Children is using public education strategies to heighten community awareness about:

- the number of children and youth whose development and competence are at risk;
- the effects on the future of society and the economy if one quarter of children drift into unproductive and dependent adulthood;
- strategies and programs that have already demonstrated effectiveness and efficiency in promoting healthy child development; and
- changes needed in families, workplaces, communities, universal services, specialized services and various levels of governments.

Voices for Children continues to expand its ties with the media and other organizations and individuals. It provides material and offers support to like-minded groups within 15 communities across Ontario to mobilize locally around the needs and issues of their own children and youth.

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The Children at Risk Program^{NCPC} is an experimental, five-year program of the Laidlaw Foundation, a private Canadian foundation that uses its resources to address issues of broad public interest to Canadians. The program is organized around three major

domains of activity—policy, research and practice—each of which has its own unit co-ordinator and funded projects.

A major project of the Children at Risk Program is the “Community Systems” initiative. (The name is short for “community systems of support to young people and their families.”) The community systems initiative is a collaborative effort currently under way in four sites across Ontario that links neighbourhood residents, broad community networks, levels of government and non-governmental organizations. The goal of this initiative is to contribute to the improved well-being of people through better use of all resources: public, private and voluntary.

The initiative is testing an approach that includes a set of core concepts, a series of practical steps and strategies to foster environments supportive to change. It is transformative in nature in that it tries to change or transform the use of existing resources; there are no new program dollars for the initiative. The Laidlaw and Lawson foundations are co-funding the four sites with modest annual grants to support the community change process. A research design is currently being developed to study and assess these broad processes and their impact on young people and their families.

Another major area of focus for Children at Risk is reporting on states of well-being of children and youth at the local, provincial and national levels. The foundation’s State of the Child research unit had been working on reporting on a local and provincial basis, and the Centre for International Statistics has been given funds to begin work on a national report tentatively called “The Progress of Canada’s Children.”

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The Cambridge Community Systems Working Group^{NCPC} is one of four Community Systems sites across Ontario sponsored by the Laidlaw and Lawson foundations. The financial support from the two foundations provides the working group with the ability to develop a local community systems approach. The primary goal is to enhance the life quality of children and youth by making better use of existing resources in the community to create supportive environments for children and family life.

The working group brings neighbourhood residents, broad community networks, and levels of government and non-governmental organizations together with representation from education, the municipality, housing, children’s mental health, neighbourhood associations, health, the multicultural centre, community economic development efforts, and other sectors.

The working group has implemented the Community Systems approach by using a planning process. A first step was to engage the neighbourhoods in the activity. Five neighbourhood associations are now participating with service organizations and others

in the process. This includes the collection of information about the community and its available resources. It also involves the identification of goals or outcomes of well-being and the creation of strategies to achieve those goals. Ultimately, a unified community strategic plan will be designed to guide how resources are used to meet the goals negotiated by community networks.

The Cambridge Community Systems initiative will be an approach or “prototype” demonstrating how to provide more effective, comprehensive and responsive supports to children and families within a local community.

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Several local boards of education have initiated activities and practices to bridge schools with other service sectors related to children. Recognizing schools as a physical presence in neighbourhoods, many boards of education have taken steps to involve community residents in both the schools’ daily activities and making school premises more accessible during out-of-school times.

The North York Board of Education^{NCPC} is an example of a school board working in collaboration with community partners which include neighbourhood residents, social service agencies, public health and the corporate sectors. The Rainbow Connection is an interactive model of co-ordination and curriculum delivery in child care centres and kindergarten classrooms. It began as a small demonstration project five years ago and presently includes a range of models including simple communication, the extension of activities from one program to the other, networking among schools and child care programs, and an early identification program for schools and child care services connected to a mental health agency. Cities in Schools is a collaborative approach involving businesses and social service agencies which, since 1990, has reduced high school dropout rates among at-risk youth. The North York Board of Education is currently working on a Hubs of Excellence project to link several schools with the Community Systems Alliance in North York.

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TVO^{NCPC} is a public broadcaster licensed as Ontario's Educational Communications Authority. Get Ready to Learn is a partnership initiative spearheaded by TVO committed to enriching the learning environment of young children. Traditional approaches such as educational pre-school programming designed to promote cognitive and linguistic skills in academic settings do not fully address the potential role television can play in creating a healthy environment for children. Get Ready to Learn is a comprehensive initiative designed to enhance the resources, support and value the efforts of parents and caregivers, build on a community's capacity to create opportunities, and mobilize existing support systems. TVO is bringing together the potential of both broadcast and non-broadcast technology for parents, caregivers and the community.

The Get Ready to Learn project has built partnerships among the various stakeholder groups involved with families, children and caregivers in Ontario. The extensive advisory committee includes representation from all service providers, educators and trainers, professional organizations, and government agencies representing children, families, communities, health, social services, and education. Community outreach strategies include "jam" sessions for parents and caregivers in local communities which provide opportunities for them to express their views and needs in readying children to learn. These sessions will help to develop on-air programming and interactive non-broadcast programming strategies aimed at adult caregivers, with special attention to the "harder to reach" parents and caregivers.

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The 12 Better Beginnings, Better Futures^{NCPC} sites include eight prenatal/pre-school models for children from birth to 4 years of age. The First Nations communities of Neyaashiinigiing (located near Wiarton), Long Lake #58 and Ginoogaming (near Geraldton), Walpole Island (situated near Wallaceburg), and Wauzhushk Onigum (located near Kenora) are implementing prenatal/pre-school prevention models. Urban settings for the prenatal/pre-school project sites include neighbourhoods in Guelph, Kingston, Toronto and Ottawa. Pre-school/primary school prevention models are being developed in Cornwall, Etobicoke and Sudbury. All of these projects involve strong partnerships with local school settings.

The Better Beginnings program activities differ from community to community. The project in Sudbury is one example. Sudbury Better Beginnings, Better Futures Association is a non-profit community development corporation committed to promoting a healthy environment in the Donovan-Flour Mill area of the city. The association was

initiated as one of the Ontario Better Beginnings, Better Futures seven-year pilots with a primary focus on children 4 to 8 years of age.

The original sponsor was the N'Swakamok Friendship Centre and the founding committee included children's services organizations, public health, housing groups, the Sudbury Board of Education and Laurentian University. To date, their efforts illustrate a strong commitment to linking economic renewal and community development to improve circumstances for children. The association membership has grown to include more than 260 individuals and a "council" (board of directors) representing the neighbourhood.

Sudbury Better Beginnings currently provides 22 different programs that fall into four categories: child-focused, parent-focused, school-based and community development.

The child-focused and school-based programs include "before and after school" programs and playground peacemakers.

Family programs include an alternative school for teen mothers, a travelling toy library, a francophone parent drop-in, family visiting and a summer Nishinabai camping experience. The community development initiatives include leadership training and a community mediation team.

Sudbury Better Beginnings was instrumental in establishing a community economic development initiative that has created a community loan fund (a green dollar barter system) and a community-shared agriculture project. Sudbury Better Beginnings also is a partner in a Green Communities Initiative in Sudbury.

Membership in the association is open to anyone living in the Donovan or Flour Mill area. Current membership is representative of the Native, francophone and English-speaking cultures in the neighbourhood. Sudbury Better Beginnings is supported by a community advisory committee which includes the mayor, the chief of police, the healthy communities chair, children services organizations, and designates from the local university and college. As part of the provincial Better Beginnings longitudinal research project, Sudbury Better Beginnings is monitoring the impact of their initiatives on children born in 1989 and on the community as a whole.

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Better Beginnings, Better Futures Project^{NCP}

Background

The Better Beginnings, Better Futures Project originated with the Ontario Ministry of Community and Social Services. Responding to a 1983 Ontario Child Health Study, which found that one in six children has an identifiable emotional or behavioural disorder and that children living in families that received social assistance or who lived in subsidised housing were at even greater risk for these problems, the Ministry made a renewed commitment to prevention. Prevention was seen as the most appropriate and effective way of dealing with these problems and the drain that they create on families and public funds.

Children up to the age of eight, who live in 11 socio-economically disadvantaged communities in Ontario (including five First Nations communities) are the focus of the project. Funding is being provided to these communities for four years so they can provide services tailored to local circumstances. The progress of the children, their families, and their neighbourhoods will be monitored until the children reach their mid-twenties.

The Better Beginnings, Better Futures Project is funded by three Ontario ministries (Community and Social Services, Health, and Education), by the federal Department of Indian and Northern Affairs, and by the Secretary of State. The total provincial-federal funding for the first several years of the project came to approximately \$7 million per year.

Description

The program was devised by a technical advisory group whose task was “to recommend a prevention model that had the greatest potential to prevent problems in child development for children living in economically disadvantaged communities/ neighbourhoods.” This group comprised 25 key program directors and researchers from across the province, representing a variety of disciplines and perspectives. They reviewed the literature and existing prevention programs in Ontario in several areas, including infant programs, pre-school programs, primary school programs, community involvement, and applied research. They concluded that the model with the greatest promise of preventing problems in child development had seven major characteristics:

- based on known effective prevention programs;
- holistic;
- tailored to meet local needs and desires;
- comprehensive;
- high quality;
- integration; and
- meaningful parent and community resident involvement.

The Ontario Better Beginnings, Better Futures Project, which incorporates these seven characteristics, has three major goals:

- preventing serious social, emotional, behavioural, physical and cognitive problems in young children;
- promoting the social, emotional, behavioural, physical, and cognitive development of these children; and
- enhancing the abilities of socio-economically disadvantaged families and communities to provide for their children.

There are two types in the Ontario Better Beginning models:

- prenatal/infant development programs that integrate with pre-school programs for children from conception to age four; and
- pre-school programs that integrate with primary school programs for children between the ages of four and eight.

The major responsibilities of the 11 selected communities are “to develop and implement high quality prevention and promotion programs for young children and their families. These programs are to be characterized by the significant involvement of community residents in all aspects of program development and implementation, and integration of existing and new services for children and families.” Parental participation in the program is encouraged, with at least half of the steering committee in each community consisting of parents or other community residents. Therefore, the community plays the crucial role in determining the kinds of programs that will be available and ensuring that they are appropriate in each community context. Thus, the project has the flexibility to deal with specific problems (e.g., racism, substance abuse) and to facilitate sensitivity to issues of language and culture.

Though program activities differ from community to community, the project generally includes the following major categories:

- home visiting;
- classroom enrichment;
- child care enrichment;
- other child-focused programs;
- family/parent focused programs;
- community-focused programs; and
- community healing.

Where possible, these services are delivered by members of the community using existing structures and resources. Facilitating interagency co-operation and transcending bureaucratic boundaries are major concerns in program development and service delivery. When possible, the programs are delivered by members of the community, thereby promoting further positive effects in family and community development.

The project also has a built-in research component to monitor program development and to analyze the effects of the project over time. The issue of cost effectiveness is also a primary concern of the evaluation research.

Conclusion

Better Beginnings, Better Futures is a model of a comprehensive and dedicated approach to crime prevention through social development. By incorporating evaluative research, our knowledge about the effectiveness of such programs is increased. Better Beginnings, Better Futures is an attempt to prevent crime and community disorder at its earliest stages - before they have a negative impact on the community and its citizens.

Prince Edward Island

The CHANCES Inc. ^{NCPC} Coalition in the Queen's Region is the largest of the Brighter Futures-funded coalitions. In 1994, more than 100 people who all live or work in the region established the coalition as a non-profit corporation focusing on children 0 to 6 years of age who are having difficulties in their lives. Consistent with the priorities of the P.E.I. Brighter Futures initiative, the coalition has set up a family resource centre in Charlottetown providing services requested by parents in the Queen's Region.

CHANCES is seeking to expand services to other areas of the region, for example, through drop-ins in other locations, such as community health centres.

The specific programs and services provided include Parents Helping Parents to encourage personal growth in order to enhance parenting. Stimulating children's programs are offered simultaneously to help eliminate barriers to parents' participation. The Special Delivery Club provides young women who are pregnant or have babies and have little family support, the opportunity for educational and mutually supportive activities. The first group through the program has developed an ongoing informal network and support group. The goals of the youth component of CHANCES are to help youth become better prepared for parenthood, through youth focus groups and the youth information series. Community kitchens and community sewing are offered in several locations in partnership with the University of Prince Edward Island. The sewing program was developed specifically in response to parents' requests to promote self-sufficiency. Other partners in program delivery include public health and social services.

Parents are recruited to volunteer for a variety of roles in the centre and in all programs. In addition, the Parents' Focus Group provides a monthly open forum for parents to discuss the programs and help evaluate how programs are meeting their needs. The meetings are intended to be empowering for parents, and to enable them to take the initiative in planning and developing programs that they want. Staff act as resources, helping parents to understand and deal with the realities of funding and to find alternative ways to establish the desired services.

The board of directors and all committees have at least 50 percent parent representation. Parents who have lived or now live in conditions of risk make up this 50 percent. Other community members, service providers and other professionals are also on the board and committees.

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Quebec

Project 1,2,3 GO! ^{NCPC} is an early childhood assistance initiative supported by United Way of Greater Montreal and partners from various networks—public, community or private agencies, the business community, elected officials and citizens. The mission of this major social project is to bring together the financial, human and material resources to mobilize the community and support its joint activities for children from birth to 3 years of age and their families, particularly those from socio-economically disadvantaged environments. The welfare of small children and the improvement of their living conditions are the focus of these efforts.

Six neighbourhoods with a high concentration of pre-school-age children in the Montreal, Laval and Montérégie regions were invited to establish a 1,2,3 GO! project in their own community. A task force was set up in each neighbourhood to support the implementation of local initiatives.

The children will participate regularly in activities that promote their affective, cognitive, social and physical development in a receptive, warm and stimulating environment. Participation of parents is encouraged and their role is respected throughout the project.

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The Prospères^{NCP} project in Pointe-Calumet aims to develop a model of community intervention capable of mobilizing the members of a vulnerable community by developing and implementing an action plan. The purpose of this plan is to create, encourage or maintain the commitment of fathers to their small children (birth to 5 years of age). Pointe-Calumet is a rural community with 500 pre-school-age children and where there are signs of major problems in parent-child relationships.

However, the emergence of a community dynamic around several local and regional organizations is also evident. Action research will be carried out simultaneously in a Montreal neighbourhood with a similar socio-economic profile for comparison purposes. Several categories of institutions and persons participate in this project. Of these, the Comité promoteur (extra-community) brings together participants from the regional and local health and social services network (psychologists, social workers, a community organizer). The Comité de pilotage de la collectivité includes parents, community organizers, decision makers from the health and social services system, and researchers. Most members of this committee, which is responsible for implementing the project's action plan, live in the village.

The project receives organizational support from the region's CLSC, which ensures liaison between workers in the field and the research group.

The targeted changes in this community have three major aspects. The project is intended, first, to promote ownership of and responsibility for the problem; that is, to ensure that the community itself can identify the determinant factors and implement activities that promote support for change; second, to strengthen efforts and structures to mobilize and involve the community; and third, to create a local culture of paternal commitment. To this end, the activity consists of five stages: agreeing on a structure for action, achieving consensus on the objectives, developing and implementing an action plan, and evaluating the plan on the basis of results.

Activities are already planned in connection with the project in Pointe Calumet. An exhibition of drawings by children in the Pointe-Calumet primary school will be organized around the theme "Me and My Father," and an improvised show on fatherhood will be presented and involve community leaders.

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The Chic Resto-Pop Inc. ^{NCPC}, initiated by a group of young adults on social assistance in 1983, constitutes a natural support network within the disadvantaged population of the Hochelaga-Maisonneuve neighbourhood in Montréal. The neighbourhood has 47 645 residents, 40 percent of whom are below the poverty threshold. Nearly 50 percent of the families are single-parent. In addition, more than 25 percent of young people do not complete secondary education. In response to the needs of the members of this community, the Chic Resto-Pop offers low-cost meals and a support service for the disadvantaged in the neighbourhood (young people on social assistance, the homeless, single-parent families). A nutritional support service (Pop mobile) has recently been added to this project to combat hunger among poor children by distributing 480 meals to students in primary schools in Montréal and the Hochelaga-Maisonneuve neighbourhood. Funded by the Quebec Department of Education as part of the Pagé Plan, this service has created two jobs.

The Chic Resto-Pop promotes autonomy and self-responsibility. It aims to integrate the community into the neighbourhood's economic and cultural life. The Resto-Pop has created 73 jobs, 16 of which are full time. It also provides training in food service and literacy training and secondary-level French courses (Grades 8 to 12), social training and courses on how to draw up a budget to its employees and the clientele of the Resto.

Contact:

Jacynthe Ouellette, Director
Le Chic Resto-Pop Inc.
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PROMIS ^{NCPC} (PROMotion, Intégration, Société nouvelle) is an inter-cultural, inter-community and multi-denominational group founded in 1988 to facilitate the integration of refugees and new Canadians into the largely multi-ethnic neighbourhoods of Côte-des-Neiges and Snowdon in Montréal. The agency, consisting of lay and religious people from these neighbourhoods, relies on the support of 180 volunteers.

PROMIS works in close co-operation with many agencies, including the CLSC Côte-des-Neiges and the Conseil communautaire Côte-des-Neiges/Snowdon, which comprises 45 agencies and a number of schools and neighbourhood agencies. PROMIS is also an active member of some 15 associations and roundtables that work at the community level.

In the past year, 8000 people from 96 countries took part in activities or received services from PROMIS. Of these, 3000 directly benefited from first-line services provided through the group. These include reception, social and psychological guidance, escort, translation, interpretation and accommodation search services. A friendship-twinning service, in which PROMIS serves as an intermediary, promotes integration for new Canadians to develop relationships with families or individuals. Education and facilitation services, information workshops, talks, sewing workshops, community kitchens, a nutritional support program for pregnant women and a food bank service are also offered.

The services for children and youth include an 18-place drop-in day-care centre where educators familiarize young people with the values of the host society. Other educational support includes the involvement of schools, French classes for parents, and assistance to some 150 students (6 to 16 years of age) with learning difficulties. To date, meetings organized between teachers, parents and social workers have been well attended.

The defence of human rights is an increasingly important component of the project's activities.

PROMIS familiarizes new Canadians with their rights, supports them in matters involving discrimination in accommodation, the recognition of equivalencies and equitable access to employment, and refers them to the proper authorities and resources, as required.

Contact:

Andrée Ménard, Director General

PROMIS

5770 Côte-des-Neiges Road

Montréal, PQ H3S 1Y9

Voice: 514-345-1615

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In 1989, the resource Connexion was added to the Montréal Mouvement SEM^{NCP} (Sensibilisation à l'Enfance Maltraitée) to target the parents of young children (0 to 6 years of age) at risk. Connexion's overall objective to reduce abuse and improve the quality of care provided to children is pursued through family-centred, especially parent-centred, intervention strategies and strategies focused on the surroundings or environment.

The role of the Mouvement SEM is to ensure the effective conduct of this activity in co-ordination with other services of the agency. The co-operation developed since 1983 with various institutional and community agencies facilitates the realization of the project (family referral, loan of consultants or resource people for training). In terms of the overall community, the Mouvement SEM aims to alert and educate young parents to the importance of non-violence with children. The agency concentrates on action at various levels: family, relatives, family neighbourhood, school clientele and groups of parents at risk .

Contact:

Diane Bérubé, Director General
Mouvement SEM
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The Program d'aide à l'enfant et son milieu ^{NCP} is a co-operative effort among 10 or so CLSCs, educators in approximately 40 day-care centres and the parents of children who make up the clientele of these centres. The CLSC La Source, in Charlesbourg near Québec City, is attempting to introduce a regional day-care and parent-support intervention program.

This three-year project provides parents and day-care workers with support designed to curb the behavioural problems and developmental delays that certain children exhibit. It provides training based on the needs of children in difficult circumstances.

Activities to provide stimulation in the day-care setting and meetings to provide support to parents and others involved are part of a structured intervention strategy aimed at reducing behavioural problems among these children.

Contact:

Gilles Chartier, President
Programme d'aide à l'enfant et son milieu
CLSC La Source
190 - 76th Street East
Charlesbourg, PQ G1H 7K4
Voice: 418-629-2572

The La Ruche project ^{NCP}, carried out by the non-profit agency Maison de la Famille Témiscouata, brings together families in the region and operates a services and activities centre. The project purports to prevent developmental delays in young children and promote parenting skills for vulnerable families.

The project has two main partners: the L'Enfant d'Or day-care agency, which offers 20 places for children 2 to 4 years of age, and the CLSC Témiscouata, which offers a support program on parenting skills and follows up on families enrolled in the program. The objective of the program's activities is to improve the quality of parent-child interactions by helping parents to become more knowledgeable about child development and learn concrete methods of stimulating children to reduce their sense of isolation and thus alleviate problems resulting from poverty. Group activities for families are also planned.

Contact:

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La Ruche La Maison de la Famille
Témiscouata
P.O. Box 160
Lac-Des-Aigles, PQ G0K 1V0
Voice: 418-499-2092

Parents-Enfants : l'urgence d'agir^{NCPC} is a project directed by the CLSC Seigneurie in co-operation with the CEGEP de Valleyfield, the City of Beauharnois, the local community centre and the Carrefour du partage. The project offers early stimulation workshops to children 2 to 3 years of age as a prevention tool for developmental delay. Workshops on acquiring parenting skills are also planned.

Most of the families covered by the project are single-parent, poor or victims of violence whose needs are inadequately met due to insufficient community resources. The CLSC Seigneurie offers the workshop component, while the local community centre and the Carrefour du partage loan the premises for activities. CEGEP de Valleyfield selects the trainees in specialized education and day-care techniques who will assist the staff in holding workshops.

Contact:

Florence Isabelle Relations Officer
Parents-Enfants : l'urgence d'agir
CLSC Seigneurie de Beauharnois
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Valleyfield, PQ J6S 3V4
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Saskatchewan

Meadow Lake Tribal Council (MLTC) is located in north-western Saskatchewan. The council began as a development partnership among nine isolated First Nations communities in 1981. Today, the council sponsors economic development projects and operates health and education programs. Recognized as a leader among tribal councils, MLTC wants to get on with the work of implementing plans for a healthy community.

The MLTC recognizes the importance of creating a community for raising healthy children, involving elders to develop healing and wellness activities, encouraging economic development that creates wealth, and distributing wealth in ways that support the community.

The Indian Child Care Program was initiated as a step toward developing human resources. Community members provide child care services in the local communities. Training for child care providers in the Meadow Lake communities is accomplished through a partnership with the University of Victoria's School of Child and Youth Care.

Elders share their knowledge with students in the program. Also, elders have been involved in defining the curriculum. MLTC has determined, in its 20-year plan, that 3000 new jobs will be needed to sustain healthy community development. MLTC is working to develop business and commercial relationships to support economic development. Projects to date include reforestation and logging.

Contact:

Vern Bachiu, Programs and Policy Director
Meadow Lake Tribal Council
Bag 8003, Flying Dust Reserve
Meadow Lake, SK S0M 1V0
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Fax 306-236-6301

West Flat Citizens' Group, Inc. is an example of a broadly based community change process. In co-operation with schools, community organizations, churches and all levels of government, the group has set its overall goal as the improvement of the quality of life for citizens of West Flat. Activities and directions are community driven based on an extensive survey of the citizens, and administered by a board of directors made up of elected representatives. Up to 120 volunteers participate on committees and work in programs and community activities.

The group has established numerous programs and activities: neighbourhood volunteer police patrols and a neighbourhood crime prevention office; repair of homes for seniors and low-income families with assistance from New Careers Corporation; community economic development in which the talents of the citizens are used to benefit those in need; a community service centre through which needed services are made accessible to the citizens of West Flat; additional housing units; an adolescent day program; community-based, integrated school-linked services; a pre-school service; and a variety of recreation and social programs for all ages and for families.

The West Flat Community Pre-school is an integrated education, social and health services program for at-risk pre-school children and their families. Its five staff members include a support worker to provide support and training to single and young parents. The Adolescent Day Program provides an alternative educational approach for youth between the ages of 15 and 19 who have not been able to function in a normal school setting. The initiative is funded from a number of different sources, including fund raising, grants and donations. Using the resources and talents available in the community is emphasized over fund raising.

Contact:

Laurent Fournier, Co-ordinator
West Flat Citizens' Group, Inc.
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Prince Albert, SK S6V 5P2
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Yorkton Region Community Action Planning arose in response to Saskatchewan's Action Plan for Children. Provincial government staff, community members and agency staff in Yorkton Region held a community meeting which attracted broad representation, including residents, agencies, teachers, police and ministers. As a result of this meeting, a regional steering committee was set up to develop and implement a child action plan for Yorkton Region, building on local priorities. Community action plan committees were set up in each of five geographic areas to determine needs and develop visions of local children's services and action plans toward those visions.

Yorkton Regional Steering Committee and the local community committees are supporting the implementation of the following initiatives and actions: community work plans that include the initiatives outlined below and more specific actions, such as the development of family resource and support programs, race relations committees, P.R.I.D.E. chapters, conflict mediation programs and prevention services for youth; integrated school-linked services, a rethinking of how services to children and youth at risk are provided; regional initiatives, including the Partnership Against Violence, the Community Healing Committee, the Parkland Employment Support Program, and integration of the delivery of social services; and support for other key human services strategies that focus on children, youth and families.

Such strategies include:

Justice 2001, a collaborative effort involving Justice and other government, non-government and community stakeholders in joint planning and program development; health reform, linking planning for children with health reform; and First Nations and Métis Nations services development, promoting partnerships among Aboriginal and non-Aboriginal people and organizations. Some of these initiatives are funded by prevention and support grants, based on recommendations of the Yorkton Regional Steering Committee.

Contact:

Bernice Purich, Community Development Co-ordinator
Saskatchewan Social Services
72 Smith Street East
Yorkton, SK S3N 2Y4
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Fax: 306-786-1305

The Princess Alexandra Community School and the Riverside Community and School Association work closely together to improve the quality of life for all who live and work in the community. Princess Alexandra was designated under the community school program in 1981; the Community and School Association grew out of the original Community School Council to become one of the strongest and most active community associations in Saskatoon.

The achievements of this school and school-community association include: a four-year plan for the school, including empowerment of the community; work with community groups and agencies to access resources for students and parents; an integrated "wellness model" that co-ordinates community resources required to develop "healthy lifestyles," encompassing students' physical, social, emotional and educational needs; completion of a needs assessment, in co-operation with community agencies, resulting in findings such as large numbers of children wandering the streets at night and not registered for school; vandalism; lack of recreation and social opportunities; need for basic living supports; and prostitution involving children and youth; and involvement of the school in an inner-city community strategic planning process to address broader issues and establish a broader sense of community.

Specific activities and programs have included re-entry program for drop-outs, a "pre-school" to improve pre-school readiness, an evening learning resource centre, a hoop dance troupe, an alternative day school, volunteers from a hospital and a retail store, staff delivering program reports to students' homes and the Inner City Police Liaison Program. Changes in the school program itself have involved the use of clustering rather than single-grade classrooms, and the implementation of the "alternative school day" (a shifting of the school hours to a later start time with a more limited lunch break) with "quality daily physical education" rather than traditional recesses. These strategies are resulting in increased "quality instructional time"; improved attendance, punctuality, attitudes and behaviour of students; decreased stress for staff; positive feedback from students and parents; and the perception of a more positive overall school atmosphere. Princess Alexandra School's innovative use of technology has been honoured with a national award by Northern Telecom.

The school team was one of 15 teams across Canada and the United States to attend the National Institute "Excellence in Education" forum in Toronto this past August. In this project, students in four classrooms, Grades 3 through 8, are linked electronically with adult volunteers, members of the SaskTel chapter of the Telephone Pioneers. The program is similar to an electronic Big Brother, Big Sister concept. Many students have daily contact with their partners and form close relationships. Students show increased self-confidence with technology, as well as improvement in communication skills. For this group of students, half of whom have no home telephones, this is an important achievement. The adult volunteers also benefit by learning about the life of inner-city children and its attendant challenges. The \$3,000 award will be used to extend the program to more students, and the community is fund raising to qualify for an additional \$5,000 matching grant.

The success of the Community and School Association is the result of the efforts of any people and organizations, including school personnel who have taken on responsibilities beyond their traditional roles. Provincial government departments, the City of Saskatoon, the school board and other community groups have participated. Funding comes from provincial government and donations of cash, goods and services. The staff evaluate the year in relation to the four-year plan. One specific indicator of success is a marked decrease in children leaving the school during the school day and

a reported 60 percent reduction in shoplifting in the area. Teachers report students devote more time to academics and learning.

Contact:

Verdyne Schmidt, Principal
Princess Alexandra Community School
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Saskatoon, SK S7M 1W2
Voice: 306-683-7410

The Circle Project has a broad mission to build unity and respect among all people, using an holistic approach to human self-development. It is an established Native organization providing a wide range of helping services using traditional Indian culture and teachings. It offers life skills programs and counselling, and provides cultural workshops to schools, government and non-government organizations, and the general public.

A program manual is available from The Circle Project for \$10.00. Specific programs include social services (counselling, food bank and placement agency), workshops, job training, youth groups, recreation, alcohol and drug abuse programs, hot lunch, Native ministry, literacy, corrections and ex-convict self-help programs, cultural camps, research, street workers, and programs for women and children.

Contact:

Norma-Jean Dubray-Byrd, Project Manager
The Circle Project Assoc. Inc.
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Regina, SK S4T 3L1
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School-Based Family Support Centres in Regina are examples of integrated school-based community centres for families. These centres involve the community in identifying service needs, providing services and co-ordinating school, social and health services. Specific services that have been provided in response to identified needs include drop-ins, family literacy programs, self-help groups, counselling and referral, a newsletter, a clothing bank, community kitchens, social skills groups, recreation and transportation.

The centres began in 1988 as a response to child hunger in Regina. Saskatchewan Social Services provided a social worker with a car, and a drop-in centre with a food and clothing bank was opened in a public school board school. In 1992, the program grew to six schools, including two from the Roman Catholic school board.

The focus is community development and self-help: involve the community in planning, promote self-help activities, prevent abuse and fight hunger. The centres serve the families and schools in the community. Parents come in looking for help and become

leaders, helpers or volunteers. Many cannot read and need help in many aspects of their lives.


Recently, temporary funding has been found to pay a community resident as a staff member at each site. This has facilitated more parents using the service and seeking help from each other before they turn to professionals. People are beginning to give back to the program, for example, they volunteer and return baby clothes for use by others.

An inter-agency steering committee offers general guidance and direction to the centre; it includes the Roman Catholic school board, public school board, Child and Youth Services, Saskatchewan Social Services and Regina Health District. Professionals and schools are recognizing the value of the programs and the need to take the time to work together.

III. RESOURCES ON COLLABORATION¹⁸

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Organizations

Several organizations have as primary roles the development of comprehensive services through interagency collaboration. They represent good initial contacts for information.

American Public Welfare Association (APWA)

Beverly Yanich, Associate Director Bard Shollenberger, Director of Government Affairs
810 First Street N.E. Suite 500
Washington, DC 20002
(202) 682-0100

APWA is a bipartisan, nonprofit organization representing the state human service departments, local public welfare agencies, and individuals concerned with public welfare policy and practice. It advocates sound, effective, and compassionate social

welfare policy and brings state and local policy leadership into national decision-making. APWA carries out a comprehensive agenda of social welfare policy research, development, and analysis and provides information and technical assistance to state and local officials and others on a variety of topics including the Family Support Act of 1988, child welfare and family preservation, economic security, child support enforcement, food assistance programs, health and Medicaid, immigration policy, and family self-sufficiency.

The Center on Effective Services for Children

P.O. Box 27412
Washington, D.C. 20038-7412
202-785-9524

The Center on Effective Services for Children is a newly established not-for-profit organization dedicated to improving the effectiveness and efficiency of children's services.

Center on Families, Communities, Schools and Children's Learning

The Johns Hopkins University
3505 North Charles St.
Baltimore, MD 21218
410-516-0370

The mission of the Center is to produce useful knowledge on how changes in the social organization of schools can influence a broad range of student outcomes. The center specializes in basic research and policy related analyses on new structural forms, social arrangements, and organizational improvements for classrooms, schools, and school systems that can be shown to have measurable consequences for student learning, attitudes, and later-life success in occupational and adult roles.

Center for the Study of Social Policy (CSSP)

1250 Eye Street, N.W., Suite 503
Washington, D.C. 20005
202-371-1565

The Center provides information on the principles of interagency and intergovernmental planning, budgeting, and service delivery.

Child Welfare League of America, Inc. (CWLA)

Earl N. Stuck, Jr., Director of Residential Care Services
440 First Street N.W. Suite 310
Washington, DC 20001-2085
(202) 638-2952

CWLA is a 70 year-old organization of over 630 child welfare agencies from across the United States and Canada. Together with the 150,000 staff members from our member agencies, CWLA works to ensure quality services for over two million abused, neglected, homeless, and otherwise troubled children, youth and families. CWLA participates actively in promoting legislation on children's issues and provides a wide variety of membership services including research, consultation, training and publication.

Children's Defence Fund (CDF)

Education Division
122 C Street, N.W.
Washington, D.C. 20005
202-393-8159

CDF, a private, non-profit, advocacy organization, gathers data, publishes reports, and provides information on key issues affecting children. It also monitors the development and implementation of federal and state policies, provides technical assistance and support to a network of state and local child advocates, organizations, and public officials, and pursues an annual legislative agenda.

Family Resource Coalition

Judy Langford Carter, Executive Director 200 S. Michigan Avenue
Suite 1520
Chicago, IL 60604
(312) 341-0900

The Family Resource Coalition is a national organization whose immediate goal is to improve the content and expand the number of programs available to parents that strengthen families. The Coalition serves programs, parents, researchers, and policy makers by providing information and technical assistance related to prevention program models, strategies, and research.

Institute for Educational Leadership

1001 Connecticut Avenue, NW
Suite 310
Washington, D.C. 20036
202-822-8405

The Institute for Educational Leadership is dedicated to collaborative problem-solving strategies in education, and among education, human services and other sectors. The Institute's programs focus on leadership development, cross-sector alliances, business-education partnerships, school restructuring, and programs concerning at-risk youth.

Joining Forces

400 North Capitol Street

Suite 379
Washington, D.C. 20001
202-393-8159

Joining Forces promotes collaboration between education and social welfare agencies on behalf of children and families at risk. Information is available on strategies and programs for successful collaboration.

National Assembly of National Voluntary Health and Social Welfare Organizations, Inc.

1319 F Street, N.W., Suite 601
Washington, D.C. 20004
202-347-2080

The National Assembly is an association of national voluntary human service organizations that work together to advance the mission of each agency and the human service sector as a whole. The Assembly facilitates organizational advocacy for public policies, programs, and resources which are responsive to human service organizations and those they serve.

National Center for Service Integration

Suite 702
5111 Leesburg Pike
Falls Church, VA 22041
703-824-6208

The National Center was established in 1991 through federal funding and operates a clearinghouse of service integration efforts and a technical assistance resource network. Its mission is to complement the work of others active in service integration and interagency collaborations at the community and state levels and to serve as a connecting point for those both implementing and providing technical assistance to service integration initiatives.

National Resource Center on Family Support Programs Family Resource Coalition

200 S. Michigan Avenue
Suite 1520
Chicago, IL 60604
312-341-0900

The National Resource Center on Family Support Programs was established in 1991 through federal funding and serves as a resource center for the many innovative, community-based programs and services seeking to provide support to families that is truly family-focused.

 **Ontario Prevention Clearinghouse**

The Ontario Prevention Clearinghouse, established in 1985, is a resource centre and catalyst for health promotion and community development activities, funded by the provincial Ministry of Health.

Brian Hayday, Executive Director
1200-415 Yonge St.
Toronto, ON
M5B 2E7
(416) 408-2121; (416) 408-2122 fax

WEB Sites

American Philanthropy Review
<http://www.philathropy-review.com/>



Canada Mortgage and Housing Corporation
<http://www.cmhc-schl.gc.ca/Centres/CHIC>



Canadian Centre for Philanthropy
<http://www.ccp.org>

Centre for Public Services
<http://www.centre.public.org.uk>

Charity Hot Links
<http://www.special-event.com/hotlinks.html>



Charity Village
<http://www.charityvillage.com>

Chronicle of Philanthropy
<http://www.philanthropy.com>

Community Development Online Best Practices
http://www.semco.org/cd-online/best_practice.html

Community Technology Centre Network
<http://www.ctcnet.org>

Community Updates
<http://www.ed.gov/G2K/community/index.html>



CWRC Statistics and Research

<http://www.childwelfare.ca>

Independent Sector

<http://www.indepsec.org>



Intergovernmental Committee on Urban and Regional Research

<http://www.icurr.org/icurr>

Internet Nonprofit Centre

<http://www.nonprofits.org>



Livelihood: Public Administration

<http://pinstripe.opentext.com/search/slices.public.html>

Mandel Center for Nonprofit Organizations

<http://www.cwru.edu/bulletin/mandel-center.html>

National Center for Nonprofit Boards

<http://www.ncnb.org/home.html>

National Charities Information Bureau

<http://www.give.org>

National Community Building Network

www.ncbn.org

National Council of Nonprofit Associations

<http://www.nca.org>

National Governors Association Centre for Best Practices

<http://www.nga.org/CBP/Centre.asp>

National Network for Collaboration

<http://crs.uvm.edu/nnco>

National Performance Review

<http://www.npr.gov/>

Nonprofit Gateway

<http://www.nonprofit.com>

Office of Evaluation and Inspection

<http://www.hhs.gov/progorg/oei/reportindex.html>

Peter F. Drucker Foundation

<http://www.pfdf.org>

Philanthropy Journal Online
<http://www.philanthropy-journal.org>

Resource Network on Outcome Measurement
<http://www.unitedway.org/outcomes/>

Resources on Financing Comprehensive, Community-Based Support Systems
<http://www.financeproject.org/community.html>

U.S. Department of Health and Human Services
<http://www.hhs.gov>

U.S. Department of Housing and Urban Development Office of Community Planning
and Development
<http://entp.hud.gov/cpd/updcomde.html>

United Way of America
<http://www.unitedway.org>



United Way of Canada
<http://www.uwc-cc.ca>

Urban Institute
<http://www.urban.org/Cnp/index.htm>



Voices for Children
<http://www.voices4children.org>

APPENDIX

State Collaborative Governance Structures for Coordinating Family and Child Policy

by John Hutchins
Family Impact Seminar
Washington, DC

In recent years, state governments have established a variety of governance bodies designed to give greater priority to children and family issues and to promote better coordination among government programs that serve children and families. They reflect the growing consensus that child and family services can be improved through better coordination (if not integration) as well as the political popularity of high-profile, Cabinet-level initiatives devoted to families and children.

The following descriptions of 28 state governance bodies come from the forthcoming *Families Valued: The Emergence of State Collaborative Governance Structures for Child and Family Policy*, which reports the findings of a study by the Family Impact Seminar (FIS), a nonpartisan public policy institute in Washington, DC. Funded by the Annie E. Casey Foundation, the FIS study explains what functions these bodies serve, why they have increased in number so rapidly over the past five or ten years, and what organizational structures, financing authority, and governance practices they have developed for improving services to families and children. In July 1995, the Family Impact Seminar prepared an Issue Brief for the National Governors' Association describing the phenomenon of these governance bodies and the scope of the planned study. States with some form of collaborative governance unit were surveyed by mail and phone in 1995 and 1996. From the information gathered in these surveys, FIS developed the descriptions below. In early 1997, each governance body was given the opportunity to offer an update. The final report will also include overall findings and in-depth case studies of four of the governance bodies, the Connecticut Commission on Children, the Kentucky Commission on Families and Children, the Ohio Children and Family First Initiative Cabinet Council, and the Washington state Family Policy Council.

For more information about the report, contact the Family Impact Seminar, 1730 Rhode Island Avenue, NW, Suite 209, Washington, DC 20036, (202) 496-1964 — voice, (202) 496-1975 — fax.

Alaska — Children's Cabinet

Origin: Appointed spring 1995 by Governor Tony Knowles (D). No authorizing executive order or legislation.

Structure/Membership: Lieutenant Governor, state Attorney General, state Budget Director, and the Commissioners of Health and Social Services, Education, Corrections, Public Safety, and Community and Regional Affairs. Staffed by a special assistant in the Department of Community and Regional

Affairs.

Mission/Goals: Supporting "the developmental stages of children, beginning with 0-6 years of age"; promoting local, collaborative, and measurable initiatives.

Features/Accomplishments: Activation of the Alaska Children's Trust with a \$6 million appropriation by the state legislature. The trust is designed to promote and support initiatives to strengthen families and protect children. Beginning in summer 1997, grants will be awarded from the interest on the trust account to community-based child abuse and neglect prevention projects. As one of the three states chosen in 1996 to participate in the Danforth Foundation's Policymakers' Program to promote integrated health and education services, Alaska is moving forward to implement plans developed at the Institute. In November 1996, the Governor's Conference on Youth and Justice released a report on how to deal more effectively with young people in the juvenile justice system and to prevent them from entering the system in the first place. Alaska held its first-ever statewide Education Summit in October 1996. Governor Knowles, Education Commissioner Shirley Holloway, and ARCO Alaska President Ken Thompson met with 40 school districts and education organizations to begin designing community action plans to improve student learning. Local summits were held around Alaska in winter and spring 1997.

Comments: The Children's Cabinet is currently developing an integrated plan that will include welfare reform-related service issues, including child care, jobs, and family support.

Contact: Shari Paul, Special Assistant to the Children's Cabinet, PO Box 112100, Juneau, AK 99811-2100, (907) 465-4870 — voice, (907) 465-8638 — fax.

Colorado — Cabinet Council on Families and Children

Origin: Created by Governor Roy Romer's (D) executive order in 1990. An outgrowth of the Council of Governors' Policy Advisors (CGPA) Policy Academies.

Structure/Membership: Cabinet Council and a 30-member advisory Commission (including parents, council members, and representatives from the judicial system, private industry, advocacy groups, and foundations). Staffed by the Governor's office.

Mission/Goals: An ambitious program focused on early childhood and services integration that included First Impressions, chaired by Mrs. Romer. The Commission functioned as an advisory body; the Cabinet Council was

vested with the authority to change the way government operates.

Features/Accomplishments: A five-year Strategic Plan with outcome-driven benchmarks, although no method for measuring them; eight community-based family centers as pilots for integrated family services; an interdepartmental family and children's budget; interagency coordinating councils.

Comments: No longer active. The work of the Cabinet Council was overwhelmed by a government restructuring in 1994. Seen as too grandiose an initiative for a Democratic governor with a Republican legislature. Replaced by a more focused State Efforts for Early Childhood Management Team, made up of agency managers. Renamed the Children's Cabinet by Romer in 1996, this group has developed a Children's Budget and promotes collaboration and early intervention.

Contact: Sally Vogler, First Impressions, State Capitol, 200 East Colfax, Denver, CO 80203, (303) 866-3123 — voice.

Connecticut — Commission on Children

Origin: Created by legislative statute in 1985.

Structure/Membership: 26 members (16 voting): legislative committee chairs, Governor's appointees, judicial representatives, local representatives, and advocates appointed by legislative leaders. Five full-time and several part-time staff. \$900,000 annual budget (1/3 legislative appropriation, 1/3 raised from foundations and other donors, 1/3 in-kind contributions).

Mission/Goals: Operating with a decidedly birth-8 focus, the Commission is charged with providing information and research to the legislature and executive branch; enlisting support of business, education, state and local governments, and the media to improve policies for children; reviewing coordination and assessing state agency programs; serving as a liaison between state government and business; and making policy recommendations to the Governor and legislature.

Features/Accomplishments: Federal funds maximization; Kids Count School Readiness Campaign; Parent Leadership Training Institute; annual Social Health Index; Children's Budget; conferences on school readiness and services integration; regional school readiness compact in 23 municipalities.

Comments: The Commission and its staff function as advocates for children and as intermediaries between the legislative and executive branches. They have proven adept at developing public affairs campaigns for school readiness and immunization and at cultivating an extensive constituency among

business leaders.

Contact: Elaine Zimmerman, Executive Director, Connecticut Commission on Children, 18-20 Trinity Street, Hartford, CT 06106, (860) 240-0290 — voice, (860) 240-0248 — fax.

Delaware — Family Services Cabinet Council

Origin: By executive order of Governor Tom Carper (D) in May 1993.

Structure/Membership: The Cabinet Council, chaired by the Governor, includes the Cabinet members who head the following departments: Public Instruction; Corrections; State Housing Authority; Services for Children, Youth, and their Families; Health and Social Services; Labor; and Public Safety. Staffed by the Governor's advisor on family issues. Initiatives are funded through individual department budgets and some pooled funding among departments.

Mission/Goals: That social service agencies are linked together in a rational statewide system in terms of in-take processes, on-line linkages, geographic service delivery, and ability to work across agency/jurisdictional boundaries. Families, schools, and communities can get easy access at multiple points, and interagency personnel work in teams to solve community problems.

Features/Accomplishments: The Council created a services integration working group to accomplish the above-stated goals. Other projects include Strong Communities, a community-policing, community empowerment initiative; Adolescent Pregnancy Prevention; Family Services Partnerships; Family Self-Sufficiency for public housing residents; coordinated substance abuse prevention efforts; parent education; school/community dropout and discipline problem prevention efforts; and welfare reform.

Contact: Lynne Howard, Advisor to the Governor on Family Issues, Office of the Governor, Carvel State Office Building, 12th Floor, 820 North French Street, Wilmington, DE 19801, (302) 577-3210 — voice, (302) 577-3118 — fax.

Georgia — Policy Council for Children and Families

Origin: Established by legislative statute in 1995, the Policy Council grew out of participation in the CGPA Policy Academies and a report, On Behalf of Our Children: A Framework for Improving Results, by Governor Zell Miller's (D) interim Policy Council, which challenged communities to develop prevention-minded services, new approaches to systems change, creative financing, collaborative planning, and local decision-making.

Structure/Membership: The Policy Council is a public/private partnership chaired by a corporate leader. The members include businesspeople, clergy, health care providers, academics, educators, the State Superintendent of Schools, the Director of the Office of Planning and Budget, and the Commissioners of the Departments of Human Resources, Medical Assistance, and Children and Youth Services. Ten counties have developed Community Partnerships to work with the Council; eventually all 159 counties will have Community Partnerships. The Policy Council is collaborating with other state-wide initiatives, including the Family Connection communities, which have supported community-level services integration since 1991.

Mission/Goals: The Policy Council defines its mission to have "all of [Georgia's] children ... grow up to become productive, contributing members of society." Accordingly, a Results Accountability Task Force established 26 benchmark goals in the following categories: healthy children, children ready for school, children succeeding in school, strong families, and self-sufficient families. The Council promotes results accountability, community-driven decisions, innovative strategies, government streamlining, and the redirection of resources.

Features/Accomplishments: The Policy Council, in cooperation with local government entities, has established ten Community Partnerships, which will develop comprehensive service integration and system reform plans.

Contact: Janet S. Bittner, Executive Director, Georgia Policy Council for Children and Families, 47 Trinity Avenue, SW, Suite 501, Atlanta, GA 30334, (404) 657-0630 — voice, (404) 657-0632 — fax.

Hawaii — Good Beginnings

Origin: By the June 1996 executive order of Governor Benjamin Cayetano (D) after failing to pass authorizing legislation. Representatives from Hawaii participated in the CGPA Policy Academies.

Structure/Membership: The Good Beginnings is a formal partnership among three new entities responsible for implementing the Good Beginnings Master Plan: (1) Community Councils — local planning and resource development groups; (2) the Good Beginnings Alliance, — a statewide private, nonprofit, charitable membership organization; and (3) the Interdepartmental Council of state agency directors. Together they engage in joint planning, promote interagency agreements concerning policy and funding issues, coordinate information and resources, and support the development of family- and child-centered services.

Mission/Goals: The Good Beginnings partnership is designed to provide a sustainable, effective participatory coordinating structure that cuts across

existing governance and social service systems to coordinate early childhood services. In fulfilling its mission, Good Beginnings seeks to foster efficient and effective use of funds and combine private and public resources to respond to the diversity needs of families and young children.

Features/Accomplishments: The Good Beginnings Alliance, governed by a nine-member board of directors, is officially incorporated and has received funding from local philanthropies for several years of operating expenses. With partial funding from Child Care and Development Block Grant funds, Community Councils are actively pursuing local strategies to improve early childhood programs and services on all of the major islands.

Comments: Good Beginnings comes upon the heels of the legislature's abolishment of the Governor's Office of Children and Youth and a subsequent restructuring. Previously involved in direct services administration, the Governor's Office now focuses efforts upon policy analysis and cross-agency collaboration. A policy team on children and families, which evolved from the Office of Children and Youth, promotes the work of Good Beginnings, and the Interdepartmental Council is convened by the Governor's Special Advisor on Children and Families.

Contacts: Sandra Potter Marquardt, Planning and Policy Analyst, Office of the Governor, PO Box 3044, Honolulu, HI 96802, (808) 586-0125 — voice, (808) 586-0122 — fax. Robert Springer, Executive Director, Good Beginnings Alliance, 2702 South King Street, Honolulu, HI 96826, (808) 951-0619 — voice, (808) 943-8815 — fax.

Illinois — Governor's Task Force on Human Services Reform

Origin: Created by Governor Jim Edgar (R) in 1993 and supported, in part, by funding from the Annie E. Casey Foundation. Policymakers from Illinois participated in the CGPA Policy Academies.

Structure/Membership: The Task Force was originally made up of the directors of seven state agencies —Aging, Alcohol and Substance Abuse, Children and Family Services, Mental Health and Developmental Disabilities, Public Aid, Public Health, and Rehabilitation Services — and the Governor's Deputy Chief-of-Staff and Budget Director and later expanded to include business leaders, academics, and the chairs of the community-based local governance entities. These five community collaborative councils or Federations are: DuPage County, the Grand Boulevard community in Chicago, the Southern Seven Counties, Waukegan, and Springfield. The Task Force created a committee structure to focus on specific issues, such as Employee Involvement, Management Information Systems, Budget, Data, and a Senior Policy Council. As new issues emerge, new committees are formed — for instance, a Jobs Committee to work on welfare reform. Committees are

chaired by Task Force members and staffed by state employees from across the human services agencies. External participants, including staff from other agencies and state employee union representatives, have also been included.

Mission/Goals: To guide and shape the redesign of Illinois' health and human services delivery systems into a more community-based, outcome-driven, integrated services system and to analyze the nature and scope of challenges — as experienced by community members, consumers, providers and advocates, and public servants — and to engineer systems reform. The Task Force articulated goals in the areas of outcomes, broad prevention efforts, management, and practice. While the scope of reform is broad, including services to the elderly and other adults, a major focus is more effective, family-centered services. Reform outcomes included measures of child and family well-being.

Features/Accomplishments: Reform has been directed at two levels — state and community. The initiative has achievements in at least four areas (Preister, 1996): integration of community economic development as a core element of effective human services, ongoing development of local Federations, development of systems of outcomes-based accountability at the state and local level, and the development of a unique negotiation process between communities and the state human services department to solve problems and reduce barriers to community efforts to improve local service delivery systems.

Comments: The Task Force and Federations influenced a major state government reorganization and consolidation of the human services agencies into the Department of Human Services, effective July 1, 1997.

Contact: B.J. Walker, Assistant to the Governor for Human Services Reform, The James R. Thompson Center, Suite 6-200, 100 W. Randolph, Chicago, IL 60601, (312) 814-4105 — voice, (312) 814-3793 — TTY, (312) 814-4165 — fax.

Iowa — Commission on Children, Youth, and Families

Origin: By statute in 1984, the Iowa Council for Children and Families and Iowa Youth Council were consolidated into the Commission. Iowa policymakers participated in CGPA Policy Academies.

Structure/Membership: 21 legislatively mandated members with four-year terms, including a county board supervisor, a school board member, a youth, a family counselor, seven citizens at-large, and five directors of state agencies, and five non-voting members: four legislators and a district court judge. One staff member and a \$64,000 annual budget.

Mission/Goals: Promote coordination of federal, state, local, and private programs; identify unmet needs and develop plans to meet them; advocate for children, youth, and families with decisionmakers and the public; advise state agencies; provide recommendations and information to the Governor, the General Assembly, and the Director of Human Services; provide information to parents to support their parenting roles.

Features/Accomplishments: Community forums in connection with Governor Branstad's (R) Campaign for the Family; membership in the new Family Work Group (led by the Lt. Governor), which is investigating the family-friendliness of state regulations; assisted in the coordination of the CCDBG implementation; provide technical assistance to FP/FS grantees; provide technical assistance to community/school-based youth services programs.

Comments: The Commission is working with the Council on Human Investment, a separate board chaired by the Lt. Governor and staffed by the Department of Management, which is examining decategorization, helping communities set benchmarks, and promoting systems reform, such as innovation zones. However, the Commission functions in predominantly an advisory capacity, rather than as a site for systems change.

Contact: Harold Coleman, Program Manager, DHS – DACFS, Hoover State Office Building, Des Moines, IA 50319, (515) 281-3974 — voice, (515) 281-4597 — fax, hcolema@max.state.ia.us — e-mail.

Kansas — Corporation for Change

Origin: By statute in 1992 as a "quasi-state agency" to coordinate reform and administer two small funds, the Family and Child Trust Fund (about \$400,000 for child abuse and neglect programs) and the Permanent Family Fund.

Structure/Membership: Board appointed by Governor, legislative leaders, and supreme court justices; three program and one-quarter support staff in FY 97 (reduced from seven staffers).

Mission/Goals: At first, mostly administering the small trust funds; in 1995, the legislature mandated the Corporation to create a "bold and radical" reform plan because of widespread dissatisfaction with Social and Rehabilitation Services (SRS) agency.

Features/Accomplishments: Four work groups (of 130 people total) drafted a systems reform plan, Families First: A Plan to Reform Services for Families and Children; its primary goals were accountability, accessibility, local control, and prevention. Drafted as a legislative bill (HB 3044), it died in

committee in 1996.

Comments: The Corporation may be sunsetted by the 1997 state legislature.

Contact: James Tramill, PhD, Executive Director, Corporation for Change, 515 S. Kansas, Topeka, KS 66603, (913) 296-3651 — voice, (913) 296-4880 — fax.

Kentucky — Commission on Families and Children

Origin: By the 1994 executive order of former Governor Brereton Jones (D); grew out of the Pew Children's Initiative and the Kentucky Education Reform Act. Reorganized by a July 1996 executive order by Governor Paul Patton (D) into the Commission on Human Services Collaboration.

Structure/Membership [of original commission]: 14 Commission members (seven private and seven public) included agency heads, plus appointments by legislative leaders and the Governor. One staff member; negligible budget.

Mission/Goals: "planning, implementation and direction of a family-oriented system of community supports and services moving from crisis to prevention and promoting wellness."

Features/Accomplishments: Four local pilots drafted ambitious service integration plans with locally-derived outcomes.

Comments: The Commission's accomplishments in its first year were due largely to reputation of the Commission chair and the energy of the four local initiatives. However, the transition to a new Governor sapped the energy from the Commission's tentative reform mandate.

Contact: Shirley Wilson, Commission Coordinator, Commission on Human Services Collaboration, DSS 6 West, Cabinet for Families and Children, 275 East Main Street, Frankfort, KY 48621, (502) 564-2524 — voice, (502) 564-9554 —fax.

Louisiana — Children's Cabinet

Origin: By legislative statute in 1992, revised in 1995.

Structure/Membership: State agency with Cabinet and an Advisory Board. Cabinet-level members include Secretaries of Social Services, Health and Hospitals, Labor, Education, and Corrections. Also has House and Senate designees and representative from Governor's Office. Advisory Board includes assistant secretaries from participating departments and representatives from advocacy groups and clients.

Mission/Goals: Coordinating policy, planning, and budgeting affecting programs and services for children and their families; eliminating service duplication; reducing unnecessary expenditure through prevention efforts.

Features/Accomplishments: Crafting a Children's Budget; interagency state planning for discretionary federal funding like Family Preservation; implementation of "Families in Need of Services" — an interagency service plan for status offenders.

Comments: Legislation regarding the structure and funding of the Children's Cabinet was being considered by the state legislature in mid-1997.

Contact: Susan Hoffman, Executive Director, Children's Cabinet, PO Box 94004, Baton Rouge, LA 70804, (504) 342-7015 — voice, (504) 342-0002 — fax.

Maine — Children's Cabinet

Origin: Established in 1995 by Governor Angus King, Jr., (I), the Cabinet builds upon the work of an earlier Interdepartmental Council.

Structure/Membership: Five state commissioners: Human Services, Corrections, Education, Public Safety, and Mental Health, Mental Retardation, and Substance Abuse Services. Staffed by senior departmental staff and representatives from the Governor's Office.

Mission/Goals: The Children's Cabinet "actively collaborates to create and promote coordinated policies and service delivery systems that support children, families, and communities." Six goals: (1) to collaborate actively to share resources and remove barriers, (2) to support collaborative initiatives that prevent health and behavioral problems in children and youth, (3) to conduct long-range planning and policy development leading to a more effective public and private service delivery system, (4) to coordinate the delivery of residential and community-based children's services among the agencies, (5) to assess resource capacity and allocations, and (6) to improve policies and programs through the review of specific case examples.

Features/Accomplishments: The current initiatives of the Children's Cabinet include: Communities for Children to improve children's well-being and educational achievement; Primary Case Management Design Team, which is using automation and business principles to develop a seamless delivery system; Pooled Flexible Funding and Local Case Resolution Committees, which allows local communities to make decisions about services for children with multiple needs; Three Regional Children's Cabinets, which mirror the composition of the state-level Cabinet; and reconstituting the Children's

Policy Committee, a policy development body in the Department of Human Services.

Contact: Cheryl Ring, Governor's Office, State House, Station 1, Augusta, ME 04333, (207) 287-3531 — voice, (207) 287-1034 — fax, cheryl.ring@state.me.us — e-mail.

Maryland — Subcabinet (and Office) for Children, Youth, and Families

Origin: 1988 executive order creating the Children and Family Services Reform Initiative, followed by the creation of Subcabinet and Office for Children, Youth, and Families. Participated in the CGPA Policy Academies and received substantial funding from the Annie E. Casey Foundation.

Structure/Membership: Subcabinet, made up of the heads of Human Resources, Juvenile Justice, Health and Mental Health, Budget, Schools, Office for Individuals with Disabilities, Office of Planning, and the Office of Housing and Community Development; Chaired by Secretary for Children, Youth, and Families. Three staff members.

Mission/Goals: Systems reform, shift to local governance, and outcome measurement.

Features/Accomplishments: Interagency budgeting; \$37 million devolved to 15 local managing boards in 1995; leadership training for local boards.

Comments: Driven by agencies, local boards, members of legislature; reaching out to the private sector to avoid being too agency-focused; Governor Parris Glendening (D) has appointed the Lt. Governor to head a task force to look at systems reform for child and family services.

Contact: Susan Kleinberg, Program Director, Governor's Office for Children, Youth, and Families, 301 West Preston Street, Suite 1502, Baltimore, MD 21201, (410) 225-4160 — voice, (410) 333-5248 — fax.

Michigan — "Putting It Together with Michigan Families"

Origin: Created by Governor John Engler (R) in 1991 at the beginning of his first term.

Structure/Membership: Includes directors of the Department of Education, the Department of Community Health, the Offices of Services to the Aging, and the Family Independence Agency (formerly Social Services).

Mission/Goals: To clarify roles and responsibilities, determine strategies to enhance service delivery, and improve access to service.

Features/Accomplishments: The directors created a Systems Reform Task Force in October 1994, which included individuals from state and local human services agencies, providers, and consumers. The Task Force's February 1995 findings, "Putting It Together with Michigan Families: Systems Reform for Children and Their Families," recommended creating a multi-purpose collaborative body to coordinate human services within each community, identifying a source of flexible funding for collaborative activities within each state agency, creating a Governor's Innovation Trust Fund, establishing a "Barrier Busters Board" to remove barriers to collaboration, developing a single audit procedure for collaborative interagency initiatives, identifying cross-system outcomes and methods of evaluation, and providing ongoing technical assistance. The directors charged their Interagency Staff Work Group to oversee implementation of ten priority recommendations. An interagency "PIT Crew," which worked with providers and consumers, dealt with nuts-and-bolts implementation issues.

Contact: Sharon Rothwell, Chief-of-Staff, Governor's Office, PO Box 30013, Lansing, MI 48909, (517) 373-3400 — voice, (517) 335-6949 — fax.

Minnesota — Children's Cabinet

Origin: By the February 1992 executive order of Governor Arne Carlson (R) at the recommendation of the Action for Children Commission, an advisory group he created in 1991. In 1994, the Cabinet's mandate was formalized by the state legislature. The Children's Cabinet was involved in the Pew Children's Initiative.

Structure/Membership: Chaired by the commissioner of the new Department of Children, Families, and Learning, the Cabinet includes the commissioners of the Departments of Health, Human Services, Finance, Public Safety, Corrections, Economic Security, Transportation, Administration, and the Housing Finance Agency, as well as the director of Minnesota Planning, a policy planning unit responsible for the creation of the Minnesota Milestones benchmarking document. The Cabinet works with 54 family service collaboratives statewide, which reach 85 percent of Minnesota's children. The Cabinet has one full-time and occasional part-time staff.

Mission/Goals: The Cabinet was charged with fostering public and private collaboration, developing a state strategy and budget for coordinated, outcome-driven services, and stimulating local commitment through resource incentives to communities.

Features/Accomplishments: Distributed \$22.5 million over four years to communities to plan and implement major service delivery reform; studying

with the Legislative Commission on Children, Youth, and Families the feasibility of an integrated children's service database; assumed the functions of the state's Children's Mental Health Coordinating Council; oversaw the creation of Department of Children, Families, and Learning, which replaced the Department of Education and folded in a variety of programs from six state agencies.

Comments: At one time, had a subcabinet of assistant commissioners; now defunct. Currently working on a joint legislative initiative for all the member agencies that would allow flexible funding through block grants or in response to local governments' funding consolidation plans.

Contact: Bruce H. Johnson, Commissioner, Department of Children, Families, and Learning, 550 Cedar Street, St. Paul, MN 55101-2273, (612) 296-6104 — voice, (612) 296-3272 — fax.

Missouri — Family Investment Trust

Origin: By an executive order of Governor Mel Carnahan (D) in November 1993, the Family Investment Trust grew out of the Caring Communities Initiative in St. Louis and the FP/FS planning process.

Structure/Membership: Public/private partnership, including five agency directors, industry leaders, and foundation representatives; all private funding; seven staffers. The overall initiative, which includes the Trust, the state agencies, and local communities, is called Missouri's Direction for Change.

Mission/Goals: To develop a macro-strategy to achieve better results for children and families by building leadership in the state agencies and communities, measuring progress, providing technical assistance, and "keeping the vision."

Features/Accomplishments: Sixty-four Caring Communities in eight counties providing integrated, school-linked services for which the five state agencies have pooled \$22 million as "venture capital"; the development of 11 Community Partnerships, county-level governance structures that oversee the Caring Communities Councils; a cross-agency collaborative committee made up of deputy directors.

Comments: Agency- and board-driven with little legislative involvement; unique position to advocate with agency heads as a non-governmental group. Planning to expand Caring Communities throughout the state.

Contact: Steve Renne, Chief Executive Officer, Family Investment Trust, 3915 West Pine Blvd., St. Louis, MO 63108-3207, (314) 531-5505 — voice, (314) 531-2285 — fax.

Montana — Interagency Coordinating Council for Prevention

Origin: By legislative statute in 1993.

Structure/Membership: Nine-member council of agency heads, including human services, health, juvenile justice, public instruction, and drug abuse prevention, as well as the attorney general and the director of the Children's Trust Fund (a not-for-profit); one contract staffer; no budget authority.

Mission/Goals: To foster planning, collaboration, and cooperation, particularly around prevention. To create prevention benchmarks.

Features/Accomplishments: Created prevention benchmarks and a Prevention Resource Center; prepared a unified prevention budget for January 1997; developed a "masterplan" for community involvement in prevention activities; proposing a "superagency," combining health and human services.

Comments: Focus on coordinating prevention agendas. Governor Marc Racicot (R) is described as being supportive.

Contact: Keith Colbo, Colbo Consulting Group, Power Block Building, Suite 5A, 7 West 6th Avenue, Helena, MT 59601, (406) 444-5902 — voice, (406) 444-5956 fax.

New York — Council on Children and Families

Origin: Established by legislative statute in 1977, the Council is the oldest continuously operating collaborative governance structure for coordinating child and family policy.

Structure/Membership: Chaired by the Governor's Director of State Operations, the Council is made up of the Commissioners and Directors of the state's 13 health and human services agencies: Advocate for Persons with Disabilities, Aging, Alcoholism and Substance Abuse Services, Criminal Justice Services, Education, Health, Labor, Mental Health, Mental Retardation and Developmental Disabilities, Probation and Correctional Alternatives, Social Services, Youth, and the Commission on Quality of Care for the Mentally Disabled. In 1997, the directors of the Division of Housing and Community Renewal and the Division of the Budget were added. Also in 1997, Governor George Pataki (R) created the Governor's Advisory Board for Children and Families, which will provide policy guidance to the Council. The 18-member staff is divided into two bureaus: the Bureau of Interagency Coordination and Case Resolution and the Bureau of Policy Analysis. Budget: \$877,000 in 1997-1998, plus \$200,000 in project grants.

Mission/Goals: To develop interagency strategies that result in more responsive, coordinated, and cost-effective delivery systems. The Council defines and implements a coordinated policy on children and family services that seeks to be family-focused and responsive to citizen's concerns. It resolves differences across agencies concerning rules and regulations, eliminates areas of duplication among service providers, and coordinates program planning, service delivery, and funding strategies. The Council has begun to develop a common set of outcome measures to help guide priority setting among health and human services agencies.

Features/Accomplishments: Participated in CGPA Policy Academies. The Council's current activities include: helping place children with multiple needs by resolving jurisdictional disputes, negotiating links among agencies, and monitoring the implementation of mandated interagency procedures; identifying issues surrounding children "aging-out" of the children's service system; Coordinated Children's Services Initiative, which seeks to reduce out-of-home placements; Task Force on School-Community Collaboration, co-chaired by the executive director of the Council; Mental Health/Juvenile Justice Initiative; conducting an inventory of early childhood services; Head Start Collaboration Project; administering agency for the AmeriCorps program; expanding family support services; and publishing the bi-monthly Legislative Status Sheet on Children, Youth, and Families.

Comments: Governor Pataki has proposed the creation of a new Department of Children and Family Services, which would consolidate many programs for children, youth, and families into one agency, as well as a new Department of Temporary and Disability Assistance.

Contact: Alana M. Sweeny, Executive Director, Council on Children and Families, 5 Empire State Plaza, Suite 2810, Albany, NY 12223-1553, (518) 473-3652 — voice, (518) 473-2570 — fax.

North Dakota — Children's Services Coordinating Committee

Origin: By legislative statute in 1991. Influenced by participation in CGPA Policy Academies.

Structure/Membership: Chaired by Lt. Governor Rosemarie Myrdal (R), the Committee membership includes a public member appointed by the Governor, the Chief Justice (or designee), representatives from the Governor's Committee on Children and Youth and the Indian Affairs Commission, and the directors (or directors' designees) from all major state agencies: Attorney General, Higher Education, Public Instruction, Human Services, Health, Job Services, Corrections and Rehabilitation, Management and Budget, and Vocational and Technical Education. Staffed by an administrative assistant. The state-level committee has counterparts at the regional and tribal levels.

Mission/Goals: Other than the coordination of children's services stated in its name, none specified in the authorizing legislation.

Features/Accomplishments: Children's Services Coordinating Committee (CSCC) and regional and tribal committees participated in family preservation and maternal and child health five-year planning; these committees have granted funds to private and public service providers based on written community plans; CSCC time studies have generated more than \$2 million in foster care and Medicaid administrative reimbursements; tribal committees have sponsored a Tribal Juvenile Justice Summit and created a Native American Tribal Training Institute.

Contact: Lt. Governor Rosemarie Myrdal, 600 E. Boulevard, Ground Floor, Bismarck, ND 58505, (701) 328-2200 — voice.

Ohio — Family and Children First Cabinet Council

Origin: Executive order by Governor George Voinovich (R) in August 1992, after participation in CGPA Policy Academies; reinforced by statute in the 1994/1995 budget bill.

Structure/Membership: Led by the Governor's deputy chief-of-staff, the Council included directors of the Departments of Alcohol and Drug Addiction Services, Budget and Management, Health, Human Services, Mental Health, Mental Retardation and Developmental Disabilities, and Youth Services, and the Superintendent of Public Instruction. Mandated County Councils in all 88 counties (after 13 pilots). In 1996, Initiative staff increased from four to 20, including a new staff director. Also employs five regional coordinators and five family participation coordinators.

Mission/Goals: 1) wellness, particularly related to prenatal care and teen pregnancy, 2) early childhood — Head Start, pre-school, Early Intervention, and Early Start, 3) family stability (or support), which encompasses Youth Cluster-like case management, foster care, welfare, and child support, and (4) administrative flexibility, rule reduction, and systems reform.

Features/Accomplishments: The development of 88 County Councils; service coordination plans by the 13 pilot counties; bureaucratic rule reduction at the state level and regulations waived at the request of County Councils; the hiring of the 20-person staff; Wellness Block Grants to the counties; better coordination at the state level among agency and department heads.

Comments: With 1996 as a year of great activity — the beefing up of staff capability and the rapid growth of the County Councils — the test for the

Initiative and the Cabinet Council will come in the next two years as the County Councils mature and begin to plan and implement plans. Political considerations include the tradition of strong counties (which may conflict with the non-elected County Councils), the continued ambivalence of various state associations, and "cascading the vision."

Contact: Linda McCart, Ohio Family and Children First Cabinet Council, Office of the Governor, 77 South High Street, 30th Floor, Columbus, OH 43215, (614) 752-4044 — voice, (614) 728-9441 — fax.

Oregon — Commission on Children and Families

Origin: Created by legislative statute in 1993, the Commission is the largest umbrella advocacy group for children and families in the state. The Juvenile Justice Advisory Committee (JJAC), an associated body, was created by executive order in 1994. Oregon policymakers participated in CGPA Policy Academies.

Structure/Membership: Fourteen Commissioners are appointed by the Governors for four-year terms. A majority of the members, including the chair, must be lay citizens. The Commissioners include county commissioners, health and mental health professionals, juvenile services provider, attorneys, a businessman, and the Director of the Department of Human Resources and the Superintendent of Public Instruction, who serve as ex officio Commissioners. The JJAC includes the 14 Commissioners plus additional members to meet federal requirements. All 36 Oregon counties have local Commissions on Children and Families, dominated and chaired by lay citizens, which are responsible for decisionmaking, comprehensive planning, fiscal management, and grantmaking. The State Commission budget for 1995-1997 was \$54.8 million, half from state general funds and half from federal monies (including OJJDP, FP/FS, and Title XX). Each local Commission receives a base grant and additional funding based on population.

Mission/Goals: The Commission describes its vision as: "A community where everyone is committed to the well-being of children; where families are nurtured and supported; where diversity is honored; where all children and families are healthy and safe; where people live and work together and support one another." Strong legislative-driven reform effort around benchmarking with four goals: "creating a wellness system, creating collaborative partnerships, establishing community planning, and being accountable for what we do."

Features/Accomplishments: Identified core benchmarks from the Oregon Benchmarks initiative (they are: increase access to prenatal care, reduce child abuse and neglect, increase child care availability, increase children's

readiness to learn, reduce the number of children living in poverty, reduce drug and alcohol use by 8th and 11th graders, reduce juvenile crime, reduce teen pregnancy, increase high school completion, and increase the number of families able to care for their own children) for 36 local commissions on children and families. Local Commissions have developed and are implementing their own plans to reach the benchmarks. The Commission recognizes a dynamic tension between setting long-term policies that benefit children and families and developing structures to implement the strategies. All 36 counties completed comprehensive mapping of community strengths, needs, and services for children and families. All plans address the development or strengthening of community supports and prevention efforts. Local commissions received training in internal controls in 1996.

Contact: Lynn N. Fallin, Executive Director, Oregon Commission on Children and Families, 530 Center Street, Suite 300, Salem, OR 97310, (503) 373-1283 — voice, (503) 378-8395 — fax.

Pennsylvania — Governor's Community Partnership for Safe Children

Origin: Executive order by Governor Tom Ridge (R) in September 1995, supersedes Governor Robert Casey's Children's Cabinet and Commission on Children and Families.

Structure/Membership: Board members included agency heads, plus Chairs of Crime and Juvenile Court Judges Commissions; a county commissioner; representatives from education, urban/suburban, rural, religious, business, non-profit communities; four public members; Chaired by the First Lady. Staffed by an executive director and a special assistant.

Mission/Goals: "To assist local communities in establishing effective programs and services to reduce violence by and against children and youth and to develop recommendations for policy development, resource allocation, and coordination of local, state, and federal efforts" through public/private partnerships. To include such issues as teen pregnancy, truancy, child abuse and neglect, domestic violence, drugs and alcohol, weapons, and illiteracy. Agency heads are charged with reducing bureaucratic barriers.

Features/Accomplishments: Quarterly board meetings are being held in coordination with town forums across the state; hired an executive director in March 1996.

Comments: According to his staff, Governor Ridge intends to "broaden and expand" Casey's efforts; taking Cabinet on the road to identify and encourage local partnerships.

Contact: Bob King, Executive Director, Governor's Community Partnership

for Safe Children, PO Box 1167, Harrisburg, PA, (717) 783-0551, ext. 3100 — voice, (717) 783-7713 — fax.

Rhode Island — Children's Cabinet

Origin: Legislative statute in 1991 after a recommendation of the DCYF Legislative Oversight Commission's *Our Children, Our Responsibility* report; then-Governor Sundlun (D) was reluctant to sign, but later cited it as an achievement of his administration.

Structure/Membership: Agency heads (Health, Human Services, Education, Higher Education, Mental Health, Administration, Substance Abuse, Children, Youth, and Families, and State Library Services) and Governor's policy advisor; meets monthly; staffed by Division of Planning; no budget authority. Much of the Cabinet's work is accomplished in work groups and subcommittees, often including non-Cabinet and non-state agency members.

Mission/Goals: To address cross departmental issues relating to children's needs and services, review interagency agreements to provide coordinated services, and produce an annual comprehensive children's budget.

Features/Accomplishments: The Integrated Services Initiative, which has promoted community-based integrated services as local family centers (with help from a Carnegie grant); RI Families First, a two-year, state/local, public/private systems planning process, charged with encouraging cross-agency collaboration; creating annual children's budget and 5-year integrated children's services plan; peripheral involvement in FP/FS; work groups have accomplished a number of specific reforms in the areas of child mental health services, home visits to at-risk newborns, and integrating information systems across agencies.

Comments: Applied to be part of Pew Initiative in 1993; disappointed by its dissolution. Because established by legislature, the Children's Cabinet had an unclear status with Governor's office under last administration; however, the Cabinet's ties to current Governor Lincoln Almond (R), who has appointed his special assistant to chair the Cabinet, are stronger.

Contact: Grace Beiser, Principal Planner, Department of Administration, Division of Planning, One Capitol Hill, Providence, RI 02908, (401) 277-2079 — voice, (401) 277-2083 — fax.

Tennessee — Commission on Children and Youth

Origin: Created by legislature in 1988 in collaboration with the Governor as an independent state agency whose role is primarily advocacy (although

similar commissions have existed in Tennessee since the 1950s).

Structure/Membership: 21 members appointed by the Governor, including juvenile court judges, child care administrators, special ed teachers, attorneys, children's services and substance abuse professionals and advocates, commissioners of state departments that serve children (as ex officio members); 49 staffers; \$5 million budget.

Mission/Goals: To make recommendations concerning establishment of priorities and needed improvements with respect to programs and services for children and youth. To advocate and coordinate the efficient and effective development and enhancement of state, local, and regional programs and services for child and youth. To administer federal and state juvenile justice and teen pregnancy prevention funds.

Features/Accomplishments: Administers federal and state juvenile justice and teen pregnancy prevention funds; staffs nine regional councils on children and youth; Kids Count; evaluates delivery of services to children in state custody; evaluating effect of TennCare on children, especially severely emotionally disturbed children. Commission was an involved advocate in drafting the state's welfare reform and children's services reform legislation in 1996.

Comments: Independent status gives Commission credibility with both the legislature and the Governor — not seen as a mouthpiece for either; in 1996, 7 of 10 bills supported by the Commission were passed, 6 of 9 opposed were defeated, and the 3 opposed that passed included amendments that substantially remedied the reasons the Commission was opposed. Tennessee relies heavily on federal money because it has no income tax.

Contact: Linda O'Neal, Executive Director, Commission on Children and Youth, Gateway Plaza, 9th Floor, 710 James Robertson Parkway, Nashville, TN 37243-0800, (615) 741-2633 — voice, (615) 741-5956 — fax.

Utah — Families, Agencies, and Communities Together (FACT) Council

Origin: By legislation in 1993; mandate expanded in 1996.

Structure/Membership: The Council is made up of the executive directors of five departments: Health, Education, Human Services, Workforce Services, and the Administrative Office of the Courts. The FACT Steering Committee, which includes members representing state and local government, communities, businesses, and parents, advises the FACT Council. The Council also has a technical assistance team. The Council has one staff member, located in the department of human services. Each department head has budget authority over his or her own department; together, the

Council directs the General Fund (\$5 million per year).

Mission/Goals: "To develop and implement comprehensive systems of services and supports for children and youth at risk and their families," including proposing a collaborative budget, removing administrative barriers, and developing model local collaborative governance structures.

Features/Accomplishments: The FACT Initiative is being institutionalized as a way of doing business in child programs. The FACT Council has received attention and funding from the Council of Governors' Policy Advisors, the Danforth Foundation, and the Western Governors' Association; oversees Family Preservation and Support Services funding.

Comments: The FACT initiative has been stymied by the lack of a comprehensive budget document describing how all state and federal funds for children and families are being spent. Utah State University has completed an evaluation of the FACT initiative and is working on year two of a longitudinal study.

Contact: Terry Johnson, Program Coordinator, Families, Agencies, and Communities Together, Department of Human Services, Office of the Director, 120 North 200 West, #319, Salt Lake City, UT 84103, (801) 538-3983 — voice, (801) 538-4016 — fax.

Vermont — State Team for Children and Families

Origin: "Voluntarily established" in 1994 by parents and consumers, operational managers of children service programs, and representatives from higher education.

Structure/Membership: The State Team includes directors with budget authority over the largest lines of children and family services (JOBS, child care services, social services, children's mental health, special education and basic education, mental retardation, corrections), as well as representatives from the University of Vermont, communities, and families. Staffed by administrative assistants of participating program managers. The State Team has fostered the development of 12 citizen-dominated Regional Teams.

Mission/Goals: In partnership with the Regional Teams, the State Team plans to define outcomes, develop operating structures that coordinate services at the state and regional levels, ensure that services and policies are family-centered, develop fiscal and data strategies tied to outcomes, and develop training systems to support required changes.

Features/Accomplishments: Mostly start-up milestones: publication of agreed-upon outcomes and indicators, pilot surveys for family involvement

indicators, recognition of Regional Teams, development of cross-agency partnerships, development and implementation of training modules, strong family consumer involvement, passage of a Family Support bill, and participation in the state's Primary Prevention initiative.

Contact: Cheryl Mitchell, Chairperson, State Team for Children and Families, Agency of Human Services, Office of the Secretary, 103 South Main Street, Waterbury, VT 05671-0204, (802) 241-2220 — voice, (802) 241-2979 — fax.

Washington — Family Policy Council

Origin: By the executive order of former Governor Gardner in 1991 and codified by legislation in 1992 as a site for family policy coordination. Grew out of earlier collaboration efforts among state agencies, notably one in 1988 between the Superintendent of Public Instruction and the Secretaries of Human Services and Community Development, as well as the participation of high-level agency and executive staff in a 1991 CGPA Policy Academy. Legislation in 1994, creating the Community Health and Safety Networks, greatly expanded its mandate.

Structure/Membership: Made up of five Cabinet secretaries, a representative of the Governor, and four legislators — two each (one Democrat and one Republican) from the House and the Senate. 53 Community Health and Safety Networks overseen by citizen-dominated boards. Supported by a staff of seven in Olympia, as well as subcontracted TA provides to the 53 Networks. Also supported by Interagency Coordinating Council of deputy directors and an Advisory Council. \$10 million budget for initial 2-year planning phase.

Mission/Goals: The 1994 legislation directed the FPC to oversee the Community Networks as they develop plans to focus on reducing seven specific problem behaviors (referred to by the legislation as "outcomes"): youth violence, teen pregnancy, teen suicide, school dropout, child abuse and neglect, domestic violence, and substance abuse. Each Network, required to choose three of these seven outcomes on which to concentrate their efforts, is responsible for analyzing existing data on risk and protective factors relevant to each behavior (available from the Health Department), as well as collecting information not available from current data sets.

Features/Accomplishments: Development of the 53 Community Networks, a program of technical assistance for the Networks, and a sophisticated Geographic Information System that can chart outcome indicators to the neighborhood block level; since Spring 1996, the Community Networks have been submitting and beginning to implement comprehensive plans covering prevention, coordination, and decategorization.

Comments: An ambitious systems reform effort based on a marriage of public health (risk and protective factors) and family policy philosophies. The FPC has been charged with helping the Networks implement their plans to the greatest degree possible.

Contact: David Brenna, Staff Director, Family Policy Council, PO Box 45015, 12th and Franklin OB-44, Olympia, WA 98504, (360) 902-7880 — voice, (206) 902-7853 — fax.

West Virginia — Governor's Cabinet on Children and Families

Origin: 1990 by legislative statute as part of the state's education reforms; built on the Task Force on Children and Families created by Governor Gaston Caperton (D) in 1989.

Structure/Membership: Chaired by the Governor, the Cabinet includes the Attorney General, the Superintendent of Education, a state senator and a state delegate, Vice Chancellor of the state's university system, a private citizen, and the Secretaries of Health and Human Resources, Education and the Arts, Administration, and Employment Programs. Has fostered the development of Family Resource Networks at the local level.

Mission/Goals: "To enhance the ability of families to protect, nurture, educate, and support the development of their children" by changing the existing service delivery system into one that is community-based, family-centered, and prevention-oriented.

Features/Accomplishments: The creation of Family Resource Networks, community-level coordinating and planning bodies for local services; the Cabinet provide grants and technical assistance to the Networks as they develop plans; development of a Children and Families Database; creation of the Governor's Early Childhood Implementation Commission, made up of consumers, advocates, local providers, and state agency staff; Family Matters, a toll-free information and referral hotline; Children's Trust Fund grants to communities to prevent child abuse and neglect; FP/FS planning and implementation.

Comments: Governor Cecil Underwood (R) elected in November 1996.

Contact: Dr. Dallas Bailey, Director, Governor's Cabinet on Children and Families, Building 1, Room B-150, 1900 Kanawha Blvd. East, Charleston, WV 25305, (304) 558-0568 — voice, (304) 558-0596 — fax.

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