Principals as Champions of Collaboration for Vulnerable Children and Youth: A Case Study of Community Schools

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Abstract

Children and youth with mental disorders require support from multiple service providers, and therefore intersectoral collaboration is required. Community schools, as accessible hubs, with broad-based partnerships, may provide the conditions that foster much needed intersectoral collaboration for this population of students. In order to examine the degree of collaboration in community schools, a qualitative, multi-case study of three community schools in the province of Manitoba, Canada was conducted, and the perspectives of key stakeholders in community schools were obtained. Findings indicate that the leadership of the school principal was essential in creating a culture of collaboration and in fostering intersectoral partnerships, which enhanced service provision. However, senior administrative and policy level support from school divisions, and the provincial government for the provision of intersectoral support in community schools was described as limited. The future of community schools was characterized as untenable given their dependency upon the leadership of the school principal for the provision of intersectoral support, in the absence of policies, procedures, and resources that legitimize an intersectoral leadership role. Future research may involve identifying a community school as a pilot site for the formal integration of support with joint funding and staffing from government departments including, but not limited to, health, mental health, and child welfare under the formally designated leadership of the principal of the community school.

Keywords: community schools, principals, intersectoral collaboration, mental health

Introduction

An estimated 800,000 Canadian children and youth experience significant mental disorders (Waddell, Offord, Shepherd, Hua, & McEwan, 2002; Waddell, Shepherd, Chen, & Boyle, 2013). Mental disorders are described as one of the greatest threats to children's health (Currie & Rossin-Slater, 2015) and until recently, the mental health of children and youth has not received the attention that it requires. Recognizing this need, the Manitoba Centre for Health Policy (MCHP) conducted a comprehensive study of the mental health of Manitoba's children, which provides baseline data about the diagnosed prevalence of mental disorders in children and youth in the Canadian province. When comparing the diagnostic prevalence of any mental disorder over two-time periods, 2005/06-2008/09 and 2009/10-2012/13, children aged 6-12 showed an increase from 9.4% to 10.8%, while adolescents aged 13-19 showed an increase from 15.3% to 17.0% (Chartier et al., 2016). The authors acknowledge that the reported prevalence rates probably are underestimations, as they only include mental disorders diagnosed by a physician. Other epidemiological studies in the United States have suggested that the rate for some mental disorders in children and youth may actually be as high as 30% (Merikangas et al., 2010). While prevalence rates may be imprecise, these findings confirm the trend that mental disorders in children and youth are at a worrisome level and that

they likely are increasing (Chartier et al., 2016).

Access to the timely receipt of mental health services is a further challenge experienced by children and youth with mental disorders. According to a recent study by the Canadian Institute for Health Information (2015), visits to emergency departments for mental disorders among children and youth increased 45% between 2006–2007 and 2013–2014. These findings confirm previous research, which suggests that repeated visits to an emergency department for a mental health disorder is an indicator of gaps in the availability of mental health support at the local level (Canadian Institute for Health Information, 2011). Limited mental health support for children and youth has significant implications in schools (Kessler et al., 2005). In a survey conducted by the School Based Mental Health Consortium (SBMHC) of school district personnel and school-based personnel from 177 school districts across Canada, 80% of respondents reported that there were unmet mental health needs in their schools (Mental Health Commission of Canada, 2013).

The mental health of First Nations, Metis, and Inuit (FNMI) children and youth in Canada is also worrisome. FNMI youth have five to six times the suicide rate compared to non-Indigenous youth and Inuit youth have some of the highest suicides rate in the world (Mental Health Commission of Canada, 2012). FNMI children and youth also are over-represented in the care of child welfare agencies, which has been found to have long-term negative effects on mental health and well-being (Brownell et al., 2015). In 2014, there were approximately 10,000 children in care in the province of Manitoba, which demonstrates an increase of 87% from 2002 (Manitoba Family Services, 2014; Manitoba Family Services and Housing, 2002). These statistics are especially concerning in the province of Manitoba because it has the highest percentage of FNMI peoples out of all Canadian provinces comprising 18% of the total population. Furthermore, greater than 50% of the FNMI population in Manitoba are under the age of 25, which means FNMI people make up a significant percentage of the school-age population (Statistics Canada, 2016). The continued disparity in mental health status between non-Indigenous and FNMI children and youth highlights the intergenerational impact of colonialism, residential schools, and marginalization of FNMI people.

Regrettably, when children and youth with mental disorders receive support there is often limited collaboration among service providers (Waddell, McEwan, Shepherd, Offord, & Hua, 2005). Children and youth with mental disorders have been described as the population most affected by the fragmentation of services, as they are often dependent upon many service systems for the provision of support (Chartier et al., 2016; Lee et al., 2009). Under these circumstances, it is no wonder that children and youth with mental disorders have experienced the poorest outcomes of any disability category (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005), including lower academic performance, lower graduation rates, higher dependence on social assistance, a greater propensity to be placed into the care of child welfare, and higher rates of involvement with the justice system (Chartier et al., 2016; Wagner et al., 2005).

Community Schools

In order to overcome the barriers to the receipt of support for children and youth with mental disorders, alternative models of service provision that support intersectoral collaboration must be explored (Mental Health Commission of Canada, 2012; World Health Organization, 2013). One such model is the community school. The community school philosophy in Manitoba, Canada strives to develop schools as hubs in the community that provide comprehensive, broad-based supports to address local needs, and to improve outcomes for the children, youth, families, and neighborhoods they serve (Manitoba, 2013). There are 31 designated community schools in Manitoba, Canada that receive additional funding from the provincial government to employ community school connectors who work under the direction of the school principal to expand the traditional model of school to include partnerships with health, mental health, early childhood, recreation, and other community agencies (Bartlett, 2016, 2018). The community school model in Manitoba has focused on establishing community schools in low socio-economic neighborhoods with student populations that are approximately 50% FNMI, where access to supports may be limited, and the needs of the population are high (Office of the Auditor General, Manitoba, 2016). Given that mental disorders in children and youth in the province of Manitoba are higher among individuals of low socio-economic status (Chartier et al., 2016), which is consistent with related research that demonstrates the relationship between low socio-economic status and an increased propensity for mental disorders

(Piotrowska, Stride, Croft, & Rowe, 2015), providing collaborative, intersectoral support in community schools may help to overcome some of the barriers to the receipt of support.

The Community Schools Program in Manitoba is predicated upon, "Ensuring that government departments work collaboratively using a cross-departmental approach to address issues relating to community schools…" (Manitoba, 2013, p. 6). While legislation such as the *Healthy Child Manitoba Act* (Manitoba, 2007), the *Community Schools Act* (Manitoba, 2013), and provincial protocols such as the *Wraparound Approach for Children and Youth with Severe to Profound Emotional and Behavioural Disorders* (Healthy Child Manitoba, 2013) may state the expectation that government departments will work collaboratively when serving children and youth, the means by which intersectoral collaboration is expected to occur has been less well defined (Bartlett, 2016, 2018).

A review of the educational achievement of FNMI students from kindergarten to grade 12 in Manitoba conducted by the Office of the Auditor General (2016) found that barriers to intersectoral collaboration were interfering with the provision of support. The audit found that while multi-department action plans existed to support the achievement of FNMI students, the implementation of the actions plans were characterized as "weak" and lacking a clearly articulated plan (Office of the Auditor General, 2016, p. 8). For instance, a review of the implementation of *Bridging Two Worlds: Aboriginal Education and Employment Action Plan: 2008-2011.* (the Action Plan) (Manitoba, 2008) which addresses kindergarten to grade 12 education, post-secondary education, and employment in Manitoba there were many indications that multiple government departments had similar, overlapping plans that spanned multiple departments; however, there were no mechanisms in place to eliminate duplication and create a more integrated approach. There was a further concern that the Indigenous Inclusion Directorate, which oversees the Community Schools Program, as well as the steering committee and management committee charged with implementing the *Action Plan* did not have an awareness of related initiatives in other government departments and school divisions. The absence of representation of key stakeholders on provincial committees charged with improving outcomes for FNMI was an additional sign of a lack of communication and interdepartmental collaboration. Finally, the absence of clearly articulated outcomes, a means to measure success, and a lack of accountability within departments compounded the challenges with the implementation of this important initiative. The Auditor General wrote,

> The initiatives list for the "student engagement and high school completion" goal was incomplete. It excluded several projects to support First Nations students transitioning from First Nations schools to public schools, including one (Restoring the Sacred) funded by Family Services, which was not a steering committee member. The Premier's First Nations Education Initiative to consult with First Nations students on barriers and strategies to support student success was also missing. Directorate staff said partner departments were responsible for identifying related initiatives. (Office of the Auditor General, 2016, p. 21)

Similar challenges also have been experienced in other jurisdictions where memorandums of understanding that encourage intersectoral collaboration among human service providers are developed in the absence of a plan for implementation. For example, a study in the province of Quebec, Canada that examined the perceptions of human service professionals about the *Agreement for the Complimentarity of Services Between the Health and Social Services Network and the Education Network* (Ministry of Education, Leisure & Sports, 2003), which is intended to foster intersectoral collaboration among human service providers when supporting children and youth with special needs, found that many human service providers did not know of its existence, and of those that did, most expressed that there was insufficient clarity about the roles and responsibilities of stakeholders in the collaborative process (Tetreault et al., 2015).
Unfortunately, the factors that facilitate the implementation of collaborative practices are often complex, particularly when they involve the participation of multiple service systems which may interfere with the outcomes of the population served.

Purpose

The research in this article is part of a larger study. The focus of the current article is to examine the extent to which collaboration was described as occurring in community schools. To that end, a qualitative multiple-case study methodology was conducted of three community schools in the province of Manitoba, Canada and the perspective of principals, teachers, community school connectors, parents, a counsellor,

and partnering service providers were sought (Bartlett, 2016, 2018). Studies have shown that, given the complexity of needs of children and youth with mental disorders, a high degree of collaboration is required (Burns & Goldman, 1999; VanDenBerg, Osher, & Lourie, 2009). Through the identification of the degree of collaboration in community schools this study may inform the enhancement and expansion of existing collaborative practices in community schools, and may highlight the need for organizational and system level reform to practices and policies that may impede intersectoral collaboration. The findings from this study may be of importance to policy makers, administrators, educators, parents, and other human service providers who support children and youth with complex needs. Other findings will be reported in additional articles.

Definition of Collaboration

In their review of the literature on collaboration, D'Amour, Ferrada-Videla, Rodrigues, and Beaulieu (2005) found that collaboration was defined as relational, involving interdependency and the formation of partnerships. Liedtka and Whitten (1998) describe how collaboration is a process that includes the steps of negotiation, compromise, and decision-making. Whereas, Horwath and Morrison (2007) suggest using a continuum to define collaboration according to the degree to which parties relinquish autonomy and integrate practices (Gregson, Cartlidge, & Bond, 1992; Hallett & Birchall, 1992; Huxham & Macdonald, 1992; Marrett, 1971). The continuum Horwath and Morrison describe contains five levels and they include:

> (1) communication - where individuals from different disciplines talk together, (2) co-operation - where there is some low key joint work on a case-by-case basis, (3) co-ordination - where more formalized joint working occurs but there are no sanctions for non-compliance, (4) coalition - where joint structures exist and participants begin to sacrifice some autonomy, and (5) integration - where organizations merge to create a new joint identity. (Bartlett, 2016, p. 19; Bartlett, 2018, p. 58)

This continuum may be appropriate when examining collaborative practices for children and youth with mental disorders, as the fifth level of the continuum, referred to as integration is considered the optimal level of collaboration for this population (Burns & Goldman, 1999; VanDenBerg, Osher, & Lourie, 2009).

Benefits of Collaboration

While the definition of collaboration may be contested, there is consensus that individuals with complex needs benefit from the support of a collaborative team who possess a diverse range of knowledge and skills (Bronstein, 2003). In this regard, collaborative efforts for children and youth with mental disorders have been found to contribute to improvements in both academic and behavioural outcomes (Eber, Sugai, Smith, & Scott, 2002; Wagner et al., 2005, Walker, Koroloff, & Schutte, 2003). Bartlett (2016, 2018) asserted that research about the benefits of interdisciplinary collaboration for children and youth with mental disorders also includes: (a) more holistic, child-centered services (Williamson, 2001); (b) improved information sharing across service providers (Barker, Bosco, & Oandasan, 2005); (c) improved information sharing with families (Barker et al, 2005); (d) less duplication and redundancy in services (VanEyk & Baum, 2002); (e) expedient receipt of services (Cottrell, Lucey, Porter, & Walker, 2000); and (f) increased efficiency and cost effectiveness of service delivery (Johnson, Zorn, Kai Yung Tam, Lamontagne, & Johnson, 2003).

Barriers of Intersectoral Collaboration

While there are many benefits of intersectoral collaboration, there also may be many challenges particularly when collaboration is expected to occur across professional groups (Bronstein, 2003; Mellin, 2009). According to Bartlett (2016), research about the barriers to intersectoral collaboration include, but are not limited to, a lack of interdependence among support providers (D'Amour et al., 2005), the use of competing terminology (Miller & Ahmad, 2000), inflexible funding (Katz-Leavy, Lourie, Stroul, & Zeigler-Dendy, 1992), discipline-based decision making (Koff, DeFriese, & Witzke, 1994; Weick, 1976), a lack of information sharing (Eber, Nelson, & Miles, 1997; Lourie, 1994), and the absence of shared accountability for outcomes (Duchnowski, Johnson, Hall, Kutash, & Friedman, 1993). Through the identification of the barriers to intersectoral collaboration, it may be possible to overcome the challenges that exist, and there-

by improve the provision of support for children and youth with mental disorders (Bartlett, 2016, 2018).

Conceptual Framework

When examining collaborative practices Walker et al. (2003) suggest using a conceptual framework that focuses on team, organizational, and system level interactions. In this framework, the team level refers to the child or youth, primary caregiver(s), and other service providers who are involved in direct service provision. The organizational level encompasses organizations or agencies that provide services, staffing, and funding, while the system or policy level encompasses the larger social and political context (Bartlett, 2016, 2018). When addressing the needs of children and youth with mental disorders, the team, organization, and system level contexts, as host environments, must provide the necessary conditions to support collaboration and the implementation of evidence-based practices (Schurer Coldiron, Bruns, Hensley, & Paragoris, 2016).

Significance

Most of the research about community schools has been conducted in the United States and there is a dearth of research about community schools in Canada. Related research in the United States may not be appropriate in the Canadian context because American schools continue to separate special education from general education, which differs significantly from Canadian schools, that predominantly embrace an inclusive educational model. Two additional challenges in studying community schools are that the terminology used to describe them varies widely and that they differ in the scope of services they provide.

Methodology

The cases in this study include three community schools in the province of Manitoba, Canada. Data were collected in two urban community schools and one rural community school over the course of three months. An instrumental case study (Stake, 1995) was used in order to gain insight into the particular phenomenon of the community school and to explore the experiences of collaboration within these cases from the perspectives of key stakeholders. This multiple-case study is situated in the constructivist paradigm, as outlined by Stake (1995). The constructivist paradigm places value in individuals' lived experiences and the rationale for their thoughts and actions.

Recruitment

Purposeful sampling (Bogdan & Knopp Biklen, 2003) using publically available information about designated community schools in the province of Manitoba, Canada was used to select the sample. In order to participate in this study, the community school needed to be designated as a community school for a minimum of five years by the Community Schools Program (Manitoba, 2013), have a community school council, a community school plan, and support students who are identified as having mental disorders (Bartlett, 2016).

Participants

A total of 15 participants from three community schools were selected to participate. All of the participants were given pseudonyms, additionally, the community schools were given pseudonyms that captured the culture of the school and they included: (a) The School Without Walls, (b) The Village With a Vision, and (c) The Hub of Hope. At the School Without Walls, six participants were interviewed, and they included the school principal, the school counsellor, the community school connector, a parent, as well as two partnering service providers from a local community resource centre. At the Village With a Vision, five participants were interviewed and they included the school principal, a teacher who also was the literacy support teacher, the community school connector, a parent who also had a part-time job as a community school connector, and a partnering service provider from local community health provider. At the Hub of Hope, four participants were interviewed and they included the principal, a teacher, the community school connector and a parent who also was employed as an educational assistant in the school (Bartlett, 2016).

Data Collection
Data collection methods included direct observations in the community schools, detailed field notes, comprehensive document reviews, and in-depth semi-structured interviews. The interviews included questions about the characteristics of a community school that fostered collaboration and supported children and youth with mental disorders, as well as questions about the barriers to collaboration. The interview also included gathering information about the participants' perceptions of the governance structure of the community school, programming, resources, funding, and overall support for children and youth with mental disorders and their families (Bartlett, 2016, 2018).

Data Analysis
The findings from each community school were summarized in a case study format. Direct quotations from the transcribed interviews of each participant were used to identify common ideas and patterns of experience. After an overview of all three cases, the information gleaned from the transcribed interviews was coded according to the themes and the categories that emerged. The analyzed participant responses were compared and contrasted with the research literature to examine the extent to which collaboration was described as occurring at the team, organization, and system levels of interaction (Bartlett, 2016, 2018).

The Cases

The School Without Walls
The School Without Walls is a kindergarten to grade 8 school that is located in an suburban setting, and it has student population of approximately 160 students. It is referred to as "The School Without Walls" because this descriptor captures how this school actively invites community participation, and the development of community partnerships. The culture of this school is one that is focused on breaking down the "walls" or barriers that may exist between the school and the community that it serves. This school is located in one of the lowest income suburban neighborhoods in a city in Manitoba, Canada. A majority of the students who attend the School Without Walls come from lone-parent households, and approximately 50% of the students have self-identified as First Nations, Metis, or Inuit (FNMI) (Bartlett, 2016, 2018).

The Principal of the School Without Walls
Mark had been the principal of the School Without Walls for four years. He had over 20 years of experience in the field of education as a teacher and as a school administrator in other schools prior to taking on his current role. Interestingly, Mark was a teacher at the School Without Walls for several years prior to returning to the school as the current administrator. His prior connections with the school and community were evident in his strong relationships with the staff, parents, and community partners, and in his personal investment in making the community a better place. It was as though he had instant credibility because he "came back." Susan, a parent at the School Without Walls described the trust that the community had in Mark. She said, "People around here talk, they know that Mark will go to bat for them" (Bartlett, 2016, p, 108).

Prior to Mark's tenure, the School Without Walls had five successive one-year principals. Mark clearly wanted to work at the School Without Walls and his comments indicated that he was committed for the long-term. He asked, "…how could you come here for one year?" (Bartlett, 2016, p. 130). Mark expected the same level of commitment from his teachers and community partners. His goal was to surround himself with the "best people" so he engaged in what he described as "strategic hiring practices" and building "strategic partnerships" in order to achieve this goal (Bartlett, 2016, p. 108). Mark described his hiring philosophy,

> You need to have your best teachers stepping up and saying I want to go there [to the School Without Walls]…You have to have good teachers come here. So you create the kind of place where good teachers want to come to be challenged by what's going on in the community and making a difference here… (Bartlett, 2016, p. 121)

In many ways, Mark had not completely left his previous role as "teacher" at the School Without Walls. He described how he spent a majority of his time directly interacting with students. This meant that he was

very selective about attending administrative meetings that took him away from the school; however, he did not express concern that such decisions might adversely effect his opportunities for advancement. He said, "The students are my priority! I always go out for recess. I never miss a recess, morning or afternoon. In four years I've never missed a recess" (Bartlett, 2016, p. 106).

Mark also led the walking school bus each day. To illustrate,

> [The educational assistant] does the school bus before and after school and I do it at lunch…I know where everybody lives. I know all of the kids...I just go and knock on doors…and now they [the parents] know someone who can help and who can do something. (Bartlett, 2016, p. 128-129)

Mark did not ask his staff or community partners to engage in tasks that he was not willing to do or had not already done himself. The hands-on nature of the support that Mark provided enabled him to lead from a position of knowledge and contributed to the respect that he had earned with the students, staff, parents, and community (Bartlett, 2016).

The Village With a Vision

The Village With a Vision is a kindergarten to grade 5 school located in an urban setting with a student population of approximately 150 students. It is referred to as "The Village With a Vision" because the community was previously an independent village before the local urban area expanded and absorbed this community. The school is described as having a vision because this school utilizes the Planning Alternative Tomorrows with Hope (PATH) process to develop its collective vision with school-based staff, parents, and community partners (Pearpoint, O'Brien, & Forest, 1993). Approximately 50% of the students who attend the Village With a Vision have self-identified as FNMI, and there is an increasing newcomer population. The local area is identified as a low-income neighborhood given that out of 178 neighborhoods it is ranked in the bottom quartile in terms of overall household income (Bartlett, 2016, 2018).

The Principal of the Village With a Vision

John had been the principal of the Village With a vision for six years. He had 20 years of teaching experience at various levels and described being drawn into his current role because of the opportunity to not only support students, but also to engage in the broader task of community development. In the 10 years prior to John's appointment, the Village With a Vision had three different principals. John took great pride in sharing that he had been the first principal in many years to build relationships with students and their families from kindergarten through to their transition to middle school. John emphasized that the development of relationships was critical to the success of the community school and spoke with a sense of urgency about the need to build connections and trusting relationships. He described the message that he sent to his staff, "...get to know your kids. Know who your kids' parents are. Know who their siblings are…We can't wait for them to come. We have to go and get them.…" (Bartlett, 2016, p. 167-168). Building relationships was described as understanding and attending to the needs of the whole family. John described that if the basic needs of the family were unmet the students would never be able to reach their full potential. He said, "I always think in terms of 'Maslow's Hierarchy of Needs' when I think about our students and families." (Bartlett, 2016, p. 171). He explained how the school had purchased a washer and drier so that they could wash the students' clothing if it was needed. He also explained how he had offered the same kind of support to parents. He said, "….we'll have parents come in and we offer them the same kinds of services. We'll say, 'You want to sneak your laundry in here?' Always remembering that it's a dignity thing…." (Bartlett, 2016, p. 171).

John (Bartlett, 2016) further emphasized the need to provide support without judgement. He described how it would be easy to blame students for their challenges or to blame parents for their life circumstances. However, those kinds of attitudes and the abdication of responsibility for progress were not a part of the culture of the Village With a Vision. He said, "….everyone here knows that these kids are precious…" (Bartlett, 2016, p. 182). In reference to parents, "We're talking about people who are trying the best that they can and they love their kids" (Bartlett, 2016, p. 189). However, building this kind of strength-based culture was not without its challenges. For example, John's belief that suspension was always a last resort had met with some resistance from staff; however, he was unwavering in his commitment to pull in support when students were in need as opposed to pushing them out. John said, "Well, I took some heat from

some staff about it but now everybody's on board." (Bartlett, 2016, p. 198). John (Bartlett, 2016) attributed his ability to get everyone "on board" to his focus on strategic planning through the PATH process. He described the PATH process as a powerful tool to engage all stakeholders in a common vision. Lisa, the community school connector who was a life-long resident of the community described the impact of the PATH process. She said, "It kind of like answers the question, 'Why are we doing this?'" (Bartlett, 2016, p. 169) In his leadership role, John was able unite the community in a common vision and in the process bring a sense of purpose and connectedness which was reminiscent of a time when the community was a small, independent village on the periphery of a major urban centre.

The Hub of Hope

The Hub of Hope is a kindergarten to grade 12 school located in a rural setting with a student population of approximately 140 students. It is referred to as a "hub" because the school serves a number of surrounding communities as the schools in neighboring communities have closed due to declining enrollment. It is described as a place of "hope" because in spite of the steadily declining population, loss of employment, and high rate of poverty, the community has maintained a feeling of optimism. At the Hub of Hope, approximately 85% of the students have self-identified as FNMI, and approximately 60% of the students are in the care of a child welfare agency or some form of kinship care (Bartlett, 2016, 2018).

The Principal of the Hub of Hope

Steven was the principal of the Hub of Hope and had worked in this capacity for less than one year. He was a seasoned educator with over 30 years of experience as a classroom teacher and school administrator. Steven assumed the role as principal in what was described as a tumultuous time in the community. In the year prior to Steven's appointment, the Hub of Hope had three successive principals.

Steven had been working as a school administrator at another school in the same school division and was sought out to take on the role as principal at the Hub of Hope. Steven was very humble and reluctant to explain why he was asked to take on this challenging leadership role. However, other stakeholders at the Hub of Hope willingly described his leadership qualities that had served to bring the community together and invite a renewed sense of optimism. Melanie, the community school connector explained how Steven's "quiet" leadership had helped to reduce the divide that had previously existed in the community. She said, "He just has the right demeanor or personality for the school...I think that he really fits here…." (Bartlett, 2016, p. 234). Lauren, a parent and educational assistant described that there was now a greater sense of unity among all of the stakeholders who were involved with the Hub of Hope. She said, "I definitely enjoy [the school] now...Everyone's always working together for the greater good!" (Bartlett, 2016, p. 234).

Learning that there had been division in the past, Steven took on his new role with an open mind and a desire to learn about the community before enacting any significant changes. Given that there was an acting principal at the Hub of Hope, who had worked in the school for several years, Steven also sought his guidance when making decisions. Steven described his willingness to learn, "I'm learning about the school and the community so my big push this year is to build a positive school culture. More positive interactions…and I think we've been successful" (Bartlett, 2016, p. 234).

In addition to taking the time to learn about the community and not imposing immediate changes, Steven was described as building positive relationships through his respectful and open communication. Melanie, the community school connector provided an example of how Steven was able to model the kind of respectful treatment of staff and students that he expected from everyone in the school in a way that was non-confrontational and facilitated change. She said,

> A teacher might say, "That's the fourth time I saw him wearing his hat in the hallway!" He [the principal] is like, "Ok, but he's at school today. Let's choose our battles," and he can communicate that to a teacher without saying, "Oh, he's not doing his job." (Bartlett, 2016, p. 234-235)

Furthermore, Steven's willingness to listen to the perspectives of the Parent Advisory Council (PAC) had led to the development of a harmonious relationship. He emphasized that the priorities of the community school were not "his priorities" but rather the priorities of the group. He shared the kind of language he used at the PAC meetings. "We sit down with everyone…and we all discuss what our priorities are"

(Bartlett, 2016, p. 260). Steven's democratic approach to decision-making and his willingness to identify shared priorities had brought much needed hope to a community with much potential.

Results and Discussion

While the focus of this study was to examine the participants' experiences of collaboration in community schools in relation to supporting children and youth with mental disorders, all of the participants in this study described that the collaborative practices in which they engaged not only supported children and youth with mental disorders, but also addressed the needs of the entire population that they served. In order to be designated as a community school by the province of Manitoba, Canada community schools must: (a) be located in low socio-economic neighbourhoods as indicated by Statistics Canada's Survey of Labour and Income Dynamics, (b) have a significant number of students who are from single parent families, (c) have a significant number of students who are in the care of a child welfare agency or who are receiving child welfare services, (d) have a significant number of students who are highly transient, (e) have students who experience challenges taking part in the academic curriculum, and (f) have students whose outcomes are in the lowest quartile of the applicable outcomes for all schools in Manitoba (Manitoba, 2013). Given that the community schools in this study met the aforementioned criteria, naturally, the benefits of collaborative practices were not limited to children and youth with mental disorders. This finding is consistent with related research conducted by Blank, Melaville, and Shaw (2003), and Dryfoos (2000) who found that the community schools positively influence: (a) achievement, (b) attendance, (c) personal and family situations, (d) graduation rates, (e) parental engagement, and (f) early intervention and prevention practices for the entire populations that they served. This finding also supports the research conducted by White and Wehlage (1995), who found that community schools contributed to overall community development (Bartlett, 2016, 2018).

The Extent of Collaboration in Community Schools

The continuum of collaboration outlined by Howarth & Morrison (2007) and the conceptual framework of team, organization, and system level practices outlined by Walker et al., (2003) were used to examine the degree to which key stakeholders in community schools described collaboration as occurring.

Team. In this study, the team was represented by school principals, teachers, community school connectors, partnering service providers, as well as parents involved in direct service provision in community schools. Using the continuum of collaboration outlined by Horwath and Morrison (2007), the participants in this study described the level of collaboration that was occurring at the team level of direct service provision as integration. Integration is the highest degree of collaboration, and involves collaborators merging to create what is referred to as a "joint identity." When integration occurs, team members transcend disciplinary boundaries and work collectively in the best interests of the population to be served. In order for integration to occur, collaborators must have shared leadership at the team or practice level (Fixen, Naoom, Blase, Friedman, & Wallace, 2005). The participants in this study described the principals of the community schools as providing the necessary leadership that facilitated a high degree of collaboration. Nancy, a support provider from the local community resource centre, who worked in partnership with the School Without Walls, emphasized the role of the principal of the community school in creating a highly collaborative team. She said,

> Mark knows what needs to happen for kids, families and really this community and we support him. I mean – it's collaborative, he always asks for input and ideas, but someone needs to make it happen and I feel that he is the person we can really count on. I think that the community feels that way too. The families around here know that he has their best interests at heart. (Bartlett, 2016, p. 4-5)

Mark, the principal of the School Without Walls, emphasized how his role was not limited to instructional leadership, but also included highly collaborative work with a range of direct service providers in the local community. Mark explained,

> I've helped families with housing, I've gone to mediation meetings with housing with families who have been given a seven-day eviction notice. I've done that several times. You know, people come and they say [Family Services] hasn't come and I don't have enough food in my fridge. We give them food …if they are short money or they need things, we have ways to

> make those kind of things happen by connecting with the right places. (Bartlett, 2016, p. 137)

All of the participants in this study valued the leadership of the school principal in the provision of intersectoral support, and felt that the principal of the community school was the most appropriate individual to function in a leadership capacity in all matters related to the local community. In spite of consensus of the participants about the invaluable role of the principal in leading intersectoral support, the intersectoral leadership role of the principal in a community school in the province of Manitoba, Canada has not been legitimized through formal policies at the organization and system level. While the principals of the community schools in this study expressed a personal passion to establish and lead partnerships that spanned an array of service providers, these partnerships were described as untenable as they were not supported by formal policies and procedures.

In addition to identifying a leader at the team level of direct service provision, Fixen et al., (2005) outline that when building intersectoral partnerships, a lead organization must be officially designated by the organization and system levels in order to legitimize and guide collaborative practices. Along with receiving the designation of lead organization, resources including staffing and flexible funding that are required to fulfill an intersectoral leadership role also must be provided. However, the community schools in this study, had neither been formally designated as the lead organization across intersectoral partners, nor had they received the resources and flexible funding that are required to fulfill an intersectoral leadership role. In spite of these barriers, the participants in this study regarded the principals of the community schools as the intersectoral leaders, and the community schools as the lead organization in the local community. Even service providers, employed by agencies other than the community school, described how they regarded the principal of the community school as the leader in the local community, and the person from whom they took direction and felt a sense of accountability. Monica a service provider from the local community health organization serving the Village With a Vision described how the principal of the community school had created a climate where a "joint identity" (Horwath & Morrison, 2007) had been fostered. She said,

> [John] treats me like one of his staff….it can be difficult to go into places when you don't feel like you're a part of the team. You could feel like an outsider. John invites me in. So, I feel like, I want to be a part of the school…It makes me want to be there more. (Bartlett, 2016, p. 172)

Monica, like other direct service providers expressed a desire to want to work with the principal of the community school, and by extension the team because of the leadership of the school principal in facilitating the development of positive relationships and a culture of inter-dependence. Many participants used the term "family," to capture the essence of the collaboration that was occurring at the team level of interaction in the community schools. Linda, a parent and a community school connector at the Village With a Vision summed up the role of the principal in building a "family like" integrated team. She said, "[John] has made this school feel like a family… He knows practically everybody in this community and if they need help they know he will find a way to help them. He doesn't have to do that but he does…." (Bartlett, 2016, p. 171). Hudson, Hardy, Henwood, and Wistow, (2003) refer to the leaders of collaborative partnerships as "collaborative champions" who through their charisma, confidence, and willingness to take risks are able to lead a broad range of stakeholders toward the achievement of common goals.

Organization. According to Walker et al., (2003) the organization level includes the organizations or agencies that support the team by contributing financial resources including staffing, and other forms of capital. In this study, the senior administrators of school divisions and senior management from partnering service providers such as a local community health provider, and a local community resource centre represent the organizational level. Using the continuum of collaboration outlined by Horwath and Morrison (2007) the participants' perspectives about the extent of collaboration that was occurring at the organization level aligned with the third level of collaboration referred to as a "coalition." A coalition is characterized by the existence of some joint structures for service provision, however, much of the joint work occurs on a case-by case basis, is short-term, and does not delineate the collaborative practices in which the collaborators are expected to engage. In complex collaborative partnerships, where the roles and responsibilities of all stakeholders are not clearly defined, it is not uncommon for there to be varied and at times conflicting interpretations of what constitutes collaborative work (Milbourne, Macrea, & Maguire, 2003).

At the organizational level, the degree of collaboration was described as a coalition because most of the joint work across organizations occurred not because it was mandated by senior management, nor

because there were joint structures that legitimized its occurrence, but rather because the school principal advocated with senior management to develop a specific partnership based on an identified need (Bartlett, 2016, 2018). John, the principal of the Village With a Vision, described how he sought out and established a partnership with a mental health service provider to provide support for students and families at the school to address the intensive mental health needs in the community. He said,

> …I took the [name of an agency's] demographic markers for childhood trauma. So… ten criteria and if a percentage of your students had four or more of those markers then you're probably prone to childhood trauma effects and 65% of our students had four or more markers. It's huge! Right? That kind of got things rolling for supporting or consolidating that [name of agency] partnership with us. (Bartlett, 2016, p. 200)

The advocacy of the principal with senior administrators of a community health organization and the school division led to the development of a joint "project" that involved the provision of school-based mental health services. This mental health coalition, like many of the joint initiatives identified by the stakeholders in the community schools in this study were consistent with what Hamblin, Keep, and Ask (2001) describe as "short-termism" or as a stopgap measure to address an identified need in the absence of being a part of a long-term plan.

The literature related to intersectoral collaboration also highlights the need for shared goals and shared accountability among all stakeholders (Cicero & Barton, 2003; D'Amour et al., 2005). However, a majority of the participants in this study identified what they regarded as incompatible goals and disparate levels of accountability between the team level of direct service providers, and the organizational level of senior administrators in addressing the needs in the local community. For example, many of the participants described instances when senior administrators unnecessarily challenged their requests for what they regarded as essential resources. Ann the community school connector described how she found it difficult to access funding, "…Well, the school division is kind of interesting about budgets. They make it very difficult sometimes… they hold onto the money at the board office..." (Bartlett, 2016, p. 141). John, the principal of the Village With a Vision described his desire for greater control over funds at the team level to address priority needs. He said, "I actually wish that there was more site-based management in this particular area…I don't know about other divisions; but in our division, I don't have quite as much…" (Bartlett, 2016, p. 204). In addition to what was regarded as unnecessary budgetary control by senior administration, most of the participants reported feeling a disproportionate share of the responsibility for accessing financial support through grants in order to maintain the provision of support in the community school. Nancy, a partnering support provider from a local community resource centre said, "Our funding just isn't enough to meet the needs. We end up having to apply so many different grants that I can hardly keep them straight any more. Applying for grants could be a full-time job" (Bartlett, 2016, p. 141). The receipt of grants at the team level had lessened the financial burden on the senior administration of various organizations. However, it also had reduced the feeling of interdependence and shared responsibility between the team of direct service providers, and senior administrators in addressing the local needs, and the loss of many grants had exacerbated this divide. Monica, a partnering service provider from the Village With a Vision said, "We've lost a lot of funding, a lot of funding has just shut down and it makes me worry about what's going to happen for us in the future. It's really hard to say" (Bartlett, 2016, p. 207). In the absence of formalized policies and procedures that facilitate interdependence, and shared goals among service providers, a lack of cohesiveness may result (Walker et al., 2003).

System. According to Walker et al., (2003), the system level refers to government bodies that are responsible for the development of policies and the allocation of resources, which in this study includes provincial government departments and the Community Schools Program. While provincial government departments in the province of Manitoba, Canada have historically been separate entities, the need for the strategic integration of human services has been articulated in provincial legislation like The Community Schools Act (Manitoba, 2013) and The Healthy Child Manitoba Act (Manitoba, 2007. However, as Petersilia (1990) aptly stated, "The ideas embodied in innovative social programs are not self-executing" (p. 129). Given the complexity of integrating support at a system-wide level, the stated objectives identified in government mandates are often difficult to translate into practice. Reflecting this reality, the participants in this study described the level of collaboration that was occurring at the system level as coordination, or a lower level as compared to the collaboration that was described as occurring at the organization and team levels of interaction. Coordination occurs when there is some formalized joint work; however, each

system retains its autonomy, and has discretion over whether they collaborate (Horwath & Morrison, 2007). Melanie, the community school connector at the Hub of Hope, provided a poignant example of the coordination that was occurring between the community school and other government departments in the province of Manitoba, and described it as insufficient to meet the presenting needs in the local community. Melanie recounted a conversation that she had with a local nurse questioning why a psychologist could not see a youth from the community school who was experiencing a mental health crisis. She said,

> Does the [name of a health provider] not have to have somebody in that position [a psychologist] that should be coming around in the community? And she said, "Yes, there is a psychologist in [another community] but she won't come out here." I said, That's ridiculous! And then as the school year went on we got a social worker and when I talked to the nurse again about this young girl in need, she said, "It was down to cut backs again. You know, the province says, they're not allowed to come out here because mileage is a concern." (Bartlett, 2016, p. 271)

Ken, a teacher at the Hub of Hope also used phrases like, "there's a disconnect…" and "…there's politics behind it" (Bartlett, 2016, p. 269) to capture the lack of cohesion between the stated intentions of government departments, and the actual support provided to the community school. Given the isolation of the Hub of Hope as a remote, rural community the "disconnect" between government departments and the provision of support to the community school was greater than in the urban and suburban settings. However, the participants at the School Without Walls and the Village With a Vision also described similar tensions between the stated intentions of government departments in addressing the needs in community schools and actual practice. In spite of the fact that designated community schools in the province of Manitoba have met specific criteria that identifies them as some of the most high needs communities in the province, participants described that they had to continually provide evidence of local needs and advocate for support. Monica, a service provider from the local community health organization serving the Village With a Vision said, "…The needs are there and we all know it. There are much better ways that I could be spending my time supporting people…" (Bartlett, 2016, p. 204). In the absence of substantive, structural changes within government departments in the province of Manitoba that facilitate intersectoral collaboration, government departments were described as largely unaware of the community school model, and of the expectation for intersectoral collaboration in these settings.

Conclusions

The Vulnerability of Community Schools

At the team level of direct service provision, the community schools in this study were described as engaging in the highest level of collaboration, referred to as integration (Horwath & Morrison, 2007). The participants in this study credited the high level of collaboration and the feeling of a "joint identity" at the team level to the leadership of the principals of the community schools. The potency of collaboration at the team level was described as mitigating the limited collaboration at the organization and system levels. However, due to the absence of strong networks of support from the organization and system level, community schools were described as precariously dependent upon the team level for not only leadership, but also resource acquisition, and the delivery of support. The disproportionate dependence of community schools on the team, in particular the school principal has made community schools extremely vulnerable to personnel changes, and brings into question their ability to sustain the provision of support in the long-term should changes in school-based leadership occur. Stable leadership in the collaborating agencies and local systems are regarded as critical components to the maintenance of effective collaboration (McMahon, Ward, Pruett, Davidson, & Griffith, 2000). Monica, a service provider from the local community health organization serving the Village With a Vision expressed this concern. She said, "He's [the principal] a driving force behind that school and they wouldn't be where they are without him. ... I hope they don't move him!" (Bartlett, 2016, p. 170). Nancy, the partnering service provider at the local community resource centre supporting the School Without Walls, also talked about the dependency of the community school and the community on the stable leadership of the school principal. She said,

> Here at the [community resource centre] we are both relatively new. We appreciate that Mark [the principal] has been around longer. He has some of the history and we all benefit from

those pieces. When everyone is new it slows down progress and it's like starting over again every year. The community can't afford for that to happen. (Bartlett, 2016, p. 151)

The *Community Schools Act* (Manitoba, 2013) and the mandate for intersectoral collaboration in designated community schools has been difficult to enforce given the absence of any substantive changes to the government departments responsible for human services in the province of Manitoba, Canada. Shared governance, policies, procedures, and resources that facilitate intersectoral collaboration among human service providers must be articulated and enforced at the organization and system levels in order for community schools to achieve their potential (Bartlett, 2016, 2018). These structures are essential in fostering holistic, integrated, and sustainable support in environments like community schools (Blank, 2005; Campbell-Allan, Shah, Sullenden, & Zazore 2009). In the short-term, the leadership of the school principals in the community schools that were studied is creating the conditions that foster a high degree of collaboration to the benefit of the population served. However, in the absence of any significant changes to government departments that legitimize intersectoral work, the Community Schools Program may become another example of a government program that is easily dissolved when a change in government occurs (Bartlett, 2016, 2018).

That said, the Truth and Reconciliation Commission (TRC) of Canada's (2015) *Calls to Action* may provide the impetus for substantive, system level change in the province of Manitoba. In the TRC's report, all levels of government and associated departments including but not limited to education, health, child welfare, language and culture, and justice are called to engage in the process of reconciliation. It would seem that Community Schools in Manitoba, which are under the direction of the Indigenous Inclusion Directorate, may have much potential to provide an arena for the implementation of the *Calls to Action* and to "to redress the legacy of residential schools and advance the process of Canadian reconciliation" (Truth and Reconciliation Commission of Canada, 2015, p. 1).

Limitations and Areas for Future Study

One of the advantages of case study research is that it allows for an in-depth exploration of a complex phenomenon in the natural setting in which it exists. This study, "gave voice" to key stakeholders in community schools. The phrase "giving voice" is associated with qualitative research and refers to the empowerment of people who may not have an opportunity to tell their stories and share their insights (Bogdan & Knopp Biklen, 2003). However, several limitations should be considered in this case study design. First, the study involved the perspectives of key stakeholders involved in three community schools in the province of Manitoba, Canada. The study was small in scale and therefore the results should not be generalized beyond the scope of this study. This research does not intend to imply that all participants in community schools would have similar perceptions. However, future research may involve determining whether similar results are found in other community school settings. Second, efforts were made to ensure that the participants' perspectives were captured as accurately as possible. Member checking was used to ensure that the transcripts reflected the participants' intended messages. The data that were collected involved the participants' perceptions of reality and as such were filtered by their own biases and predispositions.

Future research may involve identifying a community school as a pilot site for the formal integration of support with joint funding and staffing from government departments including, but not limited to, health, mental health, and child welfare under the formally designated leadership of the principal of the community school. This kind of pilot project might be an efficacious way to capitalize on the collaborative practices that exist at the team level within community schools, and serve as an impetus for comprehensive organizational and system level change to service provision.

References

Bartlett, N. A. (2016). *Supporting students with emotional and behavioural disorders: The wraparound approach in the context of a community school* (Doctoral dissertation). University of Manitoba, MB. Retrieved from https://mspace.lib.umanitoba.ca/bitstream/handle/1993/31091/Bartlett%2C%20Nadine%20%282%29.pdf?sequence=1&isAllowed=y

Bartlett, N. A. (2018). Defining effective supports for students with emotional and behavioural disorders: The wraparound approach in the context of a community school [Monograph].

Manitoba Education Research Network (MERN) Monograph Series II, 4, 1-65.

Barker, K. K., Bosco, C., & Oandasan, I. V. (2005). Factors impacting interprofessional education and collaboration practices initiatives: Findings from key informant interviews. *Journal of Interprofessional Care, 2*(Suppl. 1), 166-176.

Blank, M. J. (2005). Reaching out to create a movement. In J. G. Dryfoos, J. Quinn, & C. Barkin (Eds.), *Community schools in action* (pp. 243 – 258). New York, NY: Oxford University Press.

Blank, M. J., Melaville, A., & Shaw, B. P. (2003). *Making the difference: Research and practice in community schools.* Washington, DC: Coalition for Community Schools. Retrieved from http://www.communityschools.org/assets/1/Page/CCSFullReport.pdf

Bogdan, R., & Knopp Biklen, S. K. (2003). *Qualitative research for education: An introduction to theory and methods.* Boston, MA: Allyn and Bacon.

Bronstein, L. R. (2003). A model for interdisciplinary collaboration. *Social Work, 48*(3), 297–306.

Brownell, M., Chartier, M., Au, W., MacWilliam, L., Schultz, J., Guenette, W., & Valdivia, J. (2015). *The educational outcomes of children in care in Manitoba.* Winnipeg, MB: Manitoba Centre for Health Policy. Retrieved from http://mchp appserv.cpe.umanitoba.ca/reference/CIC_report_web.pdf

Burns, B., & Goldman, S. (Eds.). (1999). *Systems of care: Promising practices in wraparound for children with serious emotional disturbance and their families' mental health. Systems of care, promising practices in mental health, 1998 series* (Vol. IV). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Campbell-Allan, R., Shah, M., Sullenden, R., & Zazore, R. (2009). *Full-service schools. Policy review and recommendations.* Cambridge, MA: Harvard Graduate School of Education. Retrieved from http://a100educationalpolicy.pbworks.com/f/Full+Service+Schools+complete+paperZ.pdf

Canadian Institute for Health Information. (2011). *Health Indicators 2011.* Ottawa, ON: CIHI. Retrieved from https://secure.cihi.ca/free_products/health_indicators_2011_en.pdf

Canadian Institute for Health Information. (2015). *Care for children and youth with mental disorders.* Ottawa, ON: CIHI. Retrieved from https://secure.cihi.ca/free_products/CIHI%20CYMH%20Final%20for%20pubs_EN_web.pdf

Chartier M., Brownell, M., MacWilliam L., Valdivia, J., Nie, Y., Ekuma, O., . . . Kulbaba, C. (2016). *The mental health of Manitoba's children.* Winnipeg, MB: Manitoba Centre for Health Policy, Fall 2016. Retrieved from http://mchp-appserv.cpe.umanitoba.ca/reference/MHKids_web_report.pdf

Cicero, G., & Barton, P. (2003). *Parental involvement and outreach, and the emerging role of the professional school counseling profession.* Upper Saddle River, NJ: Merrill Prentice Hall.

Cottrell, D., Lucey, D., Porter, I., & Walker, D. (2000). Joint working between child and adolescent mental health service and the department of social services: The Leeds model. *Clinical Child Psychology and Psychiatry, 5,* 481-489.

Currie, J., & Rossin-Slater, M. (2015). Early-life origins of life-cycle well-being: Research and policy implications. *Journal of Policy Analysis and Management, 34*(1), 208-242.

D'Amour, D., Ferrada-Videla, M., Rodrigues, L., & Beaulieu, M. R. (2005). The conceptual basis for interprofessional collaboration: Core concepts and theoretical frameworks. *Journal of Interprofessional Care, May,* 1*,* 116-131.

Dryfoos, J. G. (2000). *Evaluation of community schools: Findings to date.* Washington, DC: Coalition for Community Schools.

Duchnowski, A. J., Johnson, M. K., Hall, K. S., Kutash, K., & Friedman, R. M. (1993). The alternatives to residential treatment study: Initial findings. *Journal of Emotional and Behavioral Disorders, 1,* 17-26.

Eber, L. Nelson, C., & Miles, P. (1997). School-based wraparound for students with emotional and behavioral challenges. *Exceptional Children, 63*(4), 539-555.

Eber, L., Sugai, G. Smith, C., & Scott, T. (2002). Wraparound and positive behavioural interventions and supports in the schools. *Journal of Emotional and Behavioural Disorders, 10*(3),

171-180.

Fixen, D. L., Naoom, S. F., Blase, R. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature.* Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network. Retrieved from http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf

Hallett, C., & Birchall, E. (1992). *Coordination in Child Protection HMSO.* London: 1992.

Hamblin, B., Keep, J., & Ask, K. (Eds.). (2001). *Organisational change and development.* Harlow: Financial Times; Prentice Hall.

Healthy Child Manitoba. (2013). *Wraparound protocol for children and youth with severe to profound emotional and behavioural disorders.* Retrieved from http://www.gov.mb.ca/healthychild/publications/protocol_ebd_wraparound.pdf

Horwath, J., & Morrison, T. (2007). Integration and change in children's services: Critical issues and key ingredients. *Child Abuse and Neglect, 31,* 55-69.

Hudson, B., Hardy, B., Henwood, M., & Wistow, G. (2003). In pursuit of interagency collaboration in the public sector: What is the contribution of theory and research? In J. Reynolds, J. Henderson, J. Seden, J. C. Worth, & A. Bullman (Eds.), *The managing care reader* (pp. 232–241). London, UK: Routledge.

Huxham, C., & Macdonald, D. (1992). Introducing collaborative advantage: Achieving interorganizational effectiveness through meta-strategy. *Management Decision, (30)*3, 50-56.

Johnson, L. J., Zorn, D., Kai Yung Tam, B., Lamontagne, M., & Johnson, S. A., (2003). Stakeholders views on factors that impact successful interagency collaboration. *Exceptional Children, 69*, 195-209.

Katz-Leavy, J. W., Lourie, I. S., Stroul, B. A., & Zeigler-Dendy, C. (1992). *Individualized services in a system of care.* Washington, DC: Georgetown University, CASSP Technical Assistance Centre.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., Walters, E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593-602.

Koff, N. A., DeFriese, A. M., & Witzke, D. B. (1994). Loosely coupled systems as a conceptual framework for interdisciplinary training. *Educational Gerontology, 20,* 1-14.

Lee, M. Y., Greene, G. J., Hsu, K. S., Solovey, A., Grove, D., Fraser, J. S., & Tater, B. (2009). Utilizing family strengths and resilience: Integrative family and systems treatment with children and adolescents with severe emotional and behavioral problems. *Family Process, 48*, 395-416.

Liedtka, J. M., & Whitten, E. (1998). Enhancing care delivery through cross-disciplinary collaboration: A case study. *Journal of Healthcare Management, 43*, 185-205.

Lourie, I. S. (1994). *Principles of local system development for children, adolescents and their families.* Chicago, IL: Kaleidoscope.

Manitoba. (2007). *The Healthy Child Manitoba Act.* C.C.S.M. c. H37. Winnipeg, MB: Queen's

Printer—Statutory Publications. Retrieved from http://web2.gov.mb.ca/laws/statutes/ccsm/h037e.php

Manitoba. (2008). *Bridging two worlds: Aboriginal education and employment action plan: 2008-2011.* Winnipeg, MB: Author. Retrieved from http://www.edu.gov.mb.ca/abedu/action_plan/abed_action_plan_0811.pdf

Manitoba. (2013). *The Community Schools Act.* C.C.S.M. c. C168. Winnipeg, MB: Queen's

Printer—Statutory Publications. Retrieved from https://web2.gov.mb.ca/bills/40-2/b012e.php

Manitoba Family Services. (2014). Manitoba Government, Annual Report 2013-2014. Winnipeg, MB: Author. Retrieved from http://www.gov.mb.ca/fs/ about/pubs/fs_ar_2013-2014.pdf

Manitoba Family Services and Housing. (2002). Government of Manitoba, Annual Report 2001-2002. Winnipeg, MB: Author. Retrieved from http://www.gov.mb.ca/fs/about/annual_reports/2001-02/annual_2001-02.pdf

Marrett, C. (1971). On the specification of inter-organizational dimensions. *Sociology and Social Research, 56*, 83-89.

McMahon, T. J., Ward, N. L., Pruett, M. K., Davidson, L., & Griffith, E. E. H. (2000).Building full-service schools: Lessons learned in the development of inter-agency collaboratives. *Journal of Educational and Psychological Consultation, 11*(1), 65-92.

Mellin, E. A. (2009) Unpacking interdisciplinary collaboration in expanded school mental health: A conceptual model for developing the evidence base. *Advances in School Mental Health Promotion, 2*, 4–14.

Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada.* Calgary, AB: Author. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/MHStrategy_Strategy_ENG_0_1.pdf

Mental Health Commission of Canada. (2013). *School-based mental health in Canada: A final report school-based mental health and substance abuse consortium.* Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/ChildYouth_School_Based_Mental_Health_Canada_Final_Report_ENG_0.pdf

Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Georgiades, K., & Swendson, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication—Adolescent Supplement. *Journal of the American Academy of Child and Adolescent Psychiatry, 49*(10), 980-989.

Milbourne, L., Macrea, S., & Maguire, M. (2003). Collaborative solutions or new policy problems: Exploring multiagency partnerships in education and health work. *Journal of Educational Policy, 18*(1), 19–35.

Miller, C., & Ahmad, Y. (2000). Collaboration and partnership: An effective response to complexity and fragmentation or solution building on sand? *International Journal of Sociology and Social Policy, 20*(5/6), 1-39.

Ministry of Education, Leisure, and Sports. (2003). *Two networks, one objective: The development of youth: Agreement for the complementarity of services between the health and social services network and the education network.* Retrieved from http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/adaptation_serv_compl/Entente_MSSS_MELS_cadre_EN.pdf

Office of the Auditor General, Manitoba. (2016). *Improving educational outcomes for Kindergarten to Grade 12 aboriginal students.* Retrieved from http://www.oag.mb.ca/wp content/uploads/2016/01/AB_ED_K_to_12_OAG_2016_WEB.pdf

Pearpoint, J., O'Brien, J., & Forest, M. (1993). *PATH, a workbook for planning positive possible futures.* Toronto, ON: Inclusion Press.

Petersilia, J. (1990). Conditions that permit intensive supervision. *Crime and Delinquency, 32*(1), 126-145.

Piotrowska, P., Stride, C. B., Croft, S. E., & Rowe, R. (2015). Socioeconomic status and antisocial behavior among children and youth: A systematic review and meta-analysis. *Clinical Psychology Review, 35,* 47-55.

Schurer Coldiron, J., Bruns, E., Hensley, S., & Paragoris, R. (2016). *Wraparound implementation and practice quality standards.* Wraparound Research and Evaluation Team. Retrieved from https://nwi.pdx.edu/pdf/Wraparound-implementation-and-practice-quality-standards.pdf

Stake, R. E. (1995). *The art of case study research.* Thousand Oaks, CA: Sage.

Statistics Canada. (2016). Census of Canada, 2016: Aboriginal peoples reference guide census of population. Ottawa, ON: Author. Retrieved from
http://www12.statcan.gc.ca/census-recensement/2016/ref/guides/009/98-500-x2016009-eng.cfm

Tétreault, S., Patenaude, D., Freeman, A., Gascon, H., Beaupré, P., Carrière, M., & Marier Deschenes, P. (2015). Understanding the difficulties hindering inter-agency collaboration for students with special needs in Quebec. *Canadian Journal of Educational Administration and Policy, 167*, 1-27. Retrieved from https://journalhosting.ucalgary.ca/index.php/cjeap/article/view/42874/30731

Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of*

Canada: Calls to action. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

VanDenBerg, J., Osher, T., & Lourie, I. (2009). Child, adolescent and family issues: Team-based planning and the wraparound process. *Child, Adolescent, and Family Issues,* 1-9. Retrieved from https://www.spokanecounty.org/DocumentCenter/Home/View/3011

VanEyk, H., & Baum, F. (2002). Learning about interagency collaboration: Trialling collaborative projects between hospitals and community health services. *Health and Social Care in Community, 10,* 262-269.

Waddell, C., McEwan, K., Shepherd, C., Offord, D. R., & Hua, J. M. (2005). A public health strategy to improve the mental health of Canadian children. *Journal of Psychiatry, 50*, 226-233.

Waddell, C., Offord, D. R., Shepherd, C. A., Hua, J. M., & McEwan, K. (2002). Child psychiatric epidemiology and Canadian public policy-making: The state of the science and the art of the possible. *Canadian Journal of Psychiatry, 47*(9), 825-832.

Waddell, C., Shepherd, C., Chen, A., & Boyle, M. (2013). Creating comprehensive children's mental health indicators for British Columbia. *Canadian Journal of Community Mental Health, 32*(1), 9-27.

Wagner, W. M., Kutash, K., Duchnowski, A. J., Epstein, M. H., & Sumi, C. (2005). The children and youth we serve: A national picture of students with emotional and behavioural disturbances receiving special education. *Journal of Emotional and Behavioural Disorders, 13*(2), 79-96.

Walker, J. S., Koroloff, N., & Schutte, K. (2003). *The context of services for effective individualized service/support planning: Assessing the necessary agency and system support for wraparound.* Portland, OR: Portland State University, Research and Training Centre on Family Support and Children's Mental Health. Retrieved from https://nwi.pdx.edu/NWI-book/Chapters/App-6f-Individualized-Service-And-Support%20Planning.pdf

Weick, K. E. (1976). Educational organizations as loosely coupled systems. *Administrative Science Quarterly, 21*, 1-19.

White, J. A., & Wehlage, G. (1995). Community collaboration: It is such a good idea, why is it so hard to do? *Educational Evaluation and Policy Analysis, 17*, 23-28.

Williamson, V. (2001). The potential of project status to support partnerships. In S. Balloch & M. Taylor (Eds.), *Partnership working policy and practice* (pp. 117-141). Bristol, UK: Polity Press.

World Health Organization. (2013). *Comprehensive mental health action plan.* Retrieved from http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1p