Research
REPORT

Interprofessional Partnerships: The Challenge and Possibility for Social Justice in (the) Light of School^PLUS

by
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This report is a summary of a doctoral dissertation by Tywla Salm, University of Regina.

Read this report for an analysis of how human service providers work interprofessionally across sectors to make sense of collaboration in the light of School^PLUS.

Possibilities for interprofessional collaboration as a means for social justice are discussed.

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INTRODUCTION

There is an international wave of interest in interprofessional collaboration that reflects a global shift where human service providers are called to work together more cohesively to improve conditions for children (Dolf Van Veen & Day, 1998). The kind of reform proposed by School[PLUS] is very much in this tradition. While a significant amount of the literature focuses on improving the mechanics of integrated services, inferring that it is necessary to "close the gap" and "fill the cracks", other scholars are turning the lens on *service* professions. There are concerns with the effects (or lack thereof) when professionals provide "solutions" and "service" rather than support and facilitation for more wide-spread social transformation.

The concept of integrated or school-linked services dates back over 100 years (Tyack, 1992) and it has been characterized by the coordination of human services to decrease fragmentation and duplication of services and to address the social maladies affecting children and youth. Typically, the school is seen as the hub of a coordinated network of service providers who focus on prevention and overcoming barriers for children, youth and their families that interfere with school readiness and academic success (Van Veen & Day, 1998). Lawson and Sailor (2000) necessarily distinguish service integration and interprofessional collaboration because they are not synonymous. Services can be integrated by two professionals who communicate effectively, but this should not imply that they are collaborating. Reciprocally, professionals may define "collaboration" as improving communication or cooperation but they may not be integrating services. This distinction is important; an integrated services model characteristically "serves" its clients, as opposed to interprofessional collaboration which moves in the direction of "transformation of the professional role to being an equal partner with clients and community, a partner in growth rather than a prescriber of solutions" (Brandon & Knapp, 1999, p. 879).

Interprofessional collaboration and integrated services are not the same thing.
(Lawson and Sailor, 2000)

Interprofessional collaboration transforms the professional role to being an equal partner with clients and community, a partner in growth rather than a prescriber of solutions
(Brandon & Knapp, 1999, p. 879).

This document begins by providing a summary of the research associated with interprofessional collaboration in schools. It also contains a summary of a study that asks how human service providers, including teachers, work

interprofessionally across sectors to make sense of collaboration in (the) light of School^{PLUS}. Specifically, the study explores the meaning of interprofessional collaboration from 18 professionals from five sectors (Health, Education, Corrections and Public Safety, Justice and Community Resources and Employment) who work across sectors with families and schools. Three levels of participants emerged from in-depth interviews: frontline workers, middle managers and policy makers. Each of these categories of participants revealed how they interpreted their experiences and the barriers that get in the way of working interprofessionally. Navigating among sectors and making sense of how these interprofessional partnerships work in a school community opens up the possibility that interprofessional partnerships can be a strategy to work for social justice. Conversely, what also becomes questionable is whether the intent for social justice is well intentioned but misguided. Four challenges are presented that outline ways interprofessional partnerships might further oppress marginalized communities. The complementary nature of anti-oppressive thinking and interprofessional partnerships emerges, suggesting that interprofessional partnerships in a School^{PLUS} context, that are informed and shaped by critical theory and anti-oppressive thinking, have the potential to become a powerful force for transformative change.

Since collaboration takes place at many levels interviews were conducted with frontline workers such as social workers, middle managers such as principals and policy makers in senior government positions.

PART I

COLLABORATION IN A SCHOOL^{PLUS} CONTEXT: A REVIEW OF THE LITERATURE

What is Interprofessional Collaboration?

The trend to frame integrated services as a community development oriented process among schools, families and communities, where professionals are more facilitators than "repairmen", has led to an increase of literature focused on interprofessional collaboration. The phrase is further couched in educational reform movements that are largely shaped by broader economic, social and political developments. These educational reform movements, such as Lawson and Briar-Lawson's (1997) "Family-Supportive Community School", focus on enhancing learning experiences for all students through, (among other approaches) facilitating parent empowerment and providing family supports. Willms (2002) calls for a "renewal of Canadian social policy by building an

Interprofessional Collaboration is more than "repairing" broken kids.

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infrastructure for a family-enabling society" (p. 361) in his well-known study regarding the National Longitudinal Survey of Children and Youth.

Lawson (2003) distinguishes interprofessional collaboration from other types of interprofessional partnerships such as cooperating and coordinating. He outlines a developmental progression that ranges from communicating, cooperating and coordinating to contracting and collaborating, where collaboration is the most complex and interdependent partnership. In other words, every partnership that is interprofessional is not necessarily indicative of collaboration.

Improving child health and well-being relies on strong social policies that support families and communities to raise healthy children.

McCroskey (2003) uses the term interprofessional collaboration from a broader perspective which is far more common in the literature than Lawson's specific definition. She suggests that interprofessional collaboration implies a collaborative relationship amongst comprehensive service strategies, which naturally includes professionals, but it also necessarily includes families and communities working together for systems change, based on community resources and needs.

The Saskatchewan Connection with Interprofessional Collaboration

Currently in Saskatchewan, interprofessional collaboration in schools is couched in a broader reform movement called School^{PLUS} which is a new initiative that has captured the imagination of professionals in the human service sector and the people they serve. Grounded in years of experience with Community Schooling (Decker & Boo, 2001) and Full Service Schools, (Kronick, 2002), School^{PLUS} brings together a network of professionals, community members and parents in order to realize a new and significant organizational environment for meeting the needs of youth and their families (Tymchak, 2001). The notion of School^{PLUS}emerged from the document entitled *The Task Force on the Role of Schools* which was written after the Minister of Education Task Force conducted a public dialogue (1999-2001) focusing on the changing role of schools.

The Role of the Schools Task Force was chosen from a variety of sectors. Stakeholders from all walks of life and communities were engaged in the process.

This group of people, chosen from a variety of sectors, addressed an array of other recommendations related to School^{PLUS} that included issues related to preschools,

children not in school, information technology, career education, school fees, extra-curricular activities, student attitudes and behaviour, school-community cooperatives and high schools and Aboriginal education.

Since 200l, the School^{PLUS} Unit at Saskatchewan Learning has been coordinating School^{PLUS} from the government's perspective. According to Saskatchewan Learning (2003), School^{PLUS} focuses on the school as the centre of its community and the hub of services and supports for the neighbourhood it serves. It reflects the findings of the Task Force (Tymchak, 2001) that the role for the school has changed and that schools today have two functions:

To educate children and youth – nurturing the development of the whole child, intellectually, socially, spiritually, emotionally and physically and

To support service delivery – serving as centres at the community level for the delivery of appropriate social, health, recreation, culture, justice and other services for children and their families.

School^{PLUS} is unique in that it is systemic, not only subsuming but moving beyond the scope of Community Schooling and/or Full Service Community Schools (Dryfoos, 1994). Typically, Community or Full Service Schools are isolated initiatives, developing in one or two of the most disadvantaged locations within a school division. Lawson & Briar-Lawson (1997), found that most often in schools, in the 36 states studied, that services were added on to schools without any intent to integrate them with school reform.

Many initiatives talk about school reform but most do not talk about educational reform.

School^{PLUS} talks about more than school reform; it calls for educational reform. The fact that the report was embraced by all sectors of government and adopted as a new social institution in this province demonstrates the widespread consensus and commitment to reform. The document entitled, "Securing Saskatchewan's Future" (2002), confirms the need for a systemic and vigorous strategy to advance integrated human services. The provincial government departments that are working together include: Community Resources and Employment; Corrections and Public Safety; Culture, Youth and Recreation; Government Relations and Aboriginal Affairs; Health; Justice; Northern Affairs and Learning. In 2002 the Human Service Integration Forum, a committee

In 2002 eight government departments signed that School^{PLUS} was a priority.

comprised of the Assistant Deputy Ministers from each of the preceding eight departments made School[PLUS] a priority.

In Saskatchewan, School[PLUS] is predicated on a rich history and a firm foundation involving over 20 years of integrated-services and community schooling initiatives. Currently, there are almost 100 community schools in the province.   According to Saskatchewan Learning:

The Saskatchewan Community School Program provides additional resources and supports to school divisions to support high needs students and their families which are impacted by complex socio-economic factors. Community Schools provide a high quality, comprehensive, responsive learning program as well as learning opportunities for preschoolers, adults and seniors in an environment that is culturally affirming, safe and caring. Family and community participation in education is fundamental to a Community School that fosters shared decision-making, leadership, and empowerment. Community Schools are a hub for community activities and organizations. Through collaborative processes, they foster the development and well-being of the entire community. (Tymchak, 2003)

Saskatchewan has a long history of doing Community Schooling and Integrated Services – School[PLUS] has a strong foundation to build something new.

Saskatchewan Learning has produced several documents including policy statements, frameworks and evaluation handbooks to support schools that have not only guided this province but other countries in establishing the move towards a community or integrated services model (Austrialian Center for Equity through Education, 2000). The SK Learning documents that I have found particularly relevant include:

There are copious amounts of provincial policy documents and works from around the world that contribute to these ideas.

1. Our Children, Our Communities and Our Future: Equity in Education a Policy Framework.
2. Working Together to Address Barriers to Learning: Integrated School Linked Services for Children and Youth at Risk
3. Building Communities of Hope: Best Practices for Meeting the Learning Needs of At-Risk and Indian and Metis Students.
4. Working Together Toward SchoolPLUS: Parents and Community Partnerships in Education.

Over a thousand schools in the United States have adopted the idea of "one stop" service schools or schools that

collaborated with the community (Dryfoos, 2000). Since 1991 the United States has used the term Full-Service School but more recently the term Full-Service Community School is used to describe these types of schools. Calfee, Wittwer & Meredith (1998) state:

> A full service school means a school which serves as a central point of delivery a single "community hub" for whatever education, health, social/human and/or employment services have been determined locally to be needed to support a child's success in school and in the community. Such a school is locally planned and designed to meet the holistic needs of students within the context of their families. The full service school becomes a family of resource center, a 'one stop service' for children and families and, where appropriate, for people in the surrounding community...not all services must be located on site; the full-service school concept provides coordination of services as well as for co-location of services. A full service school expands its conceptual boundaries beyond the traditional education model to a school-community model, where the lines of distinction between school and community are barely visible and where gaps in family support services disappear. (p. 13)

At times it seems that School[PLUS] is becoming dangerously close to becoming synonymous with Community Schools. In Saskatchewan, Community Schools are tied to a particular funding schedule which differentiates them from the way community schooling is defined in the literature. This particular point clearly marks the difference between Community Schools and School[PLUS] in Saskatchewan. If, however, this is the only difference between the two, then School[PLUS] is just another label for what the rest of the world calls Community Schooling. Clearly, this was not the intent of the Task Force in the Role of the Schools Report (Tymchak, 2001a). Originally, School[PLUS] was described as a philosophy and a process but not a blueprint.

Tymchak (2003) stated that instead it might be viewed as a "greenprint": like DNA in a living organism. In this way, School[PLUS] manifests in many diverse and unique ways and it is capable of changing and adapting to its environment. However, in public Saskatchewan Learning documents (see for example, Newsletter, Spring 2003) School[PLUS] is referred to as a "model" which reflects the grassroots changes happening in local school settings. If indeed School[PLUS] is a model reflecting school based reform, it could be argued that this model has evaded bureaucratic shifts that address physical changes to provincial departments that might impact

At times it seems that School[PLUS] is becoming dangerously close to becoming synonymous with Community Schools.

Where are the physical changes to provincial departments that demonstrate an integrated approach to fiscal roles and accountability?

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fiscal responsibilities, roles and accountability issues. In North American there have been many initiatives and great efforts in high school reformation but unfortunately, "for all their work and will, the changes are too disconnected and too small" (Levin,1999).

Accordingly, there is a palpable sense of frustration in school reform literature as many researchers recognize that significant school change rarely takes place even though billions of dollars and genuine dedication have been devoted to it. Sarason's (1990) book *The Predictable Failure of Education Reform* criticizes projects that involve targeted initiatives and adaptations in programs that rarely amount to more than tinkering on the edges of reform. While pertinent questions such as "why do apparently successful educational innovations not spread to other schools?" (and often not even to other classrooms in the same school) loom in the background, he, like other prominent school reform researchers such as Crowson and Boyd (1996), Mawhinney (1996) and Dryfoos (2003) advocate for a major overhaul of school structures to address reform more successfully. While individual reformers have particular perspectives about the type of restructuring that is in order, generally, the call is for changing school governance structures, adjusting policy and implementing coordinated approaches to integrating human services.

School^PLUS has the potential to be a unique type of reform in that it calls for a completely new organizational environment, one that draws on resources from government and non-government agencies to coordinate and integrate services in order to meet the needs of children and youth (Tymchak, 2001). School^PLUS is not a model for molding students and professionals into preconceived images of the ideal school system. It is unlike any other reform initiative documented thus far, but at the same time it could just as easily deteriorate or never be fully realized without vigilant attention to what it means to engage in School^PLUS.

School^PLUS is unlike any other reform initiative documented thus far, but at the same time it could just as easily deteriorate or never be fully realized without vigilant attention.

Why is it that school change rarely takes place?
(Sarason, 1990)

HOW HUMAN SERVICE PROVIDERS INTERPRET
INTERPROFESSIONAL COLLABORATION

Participants revealed how they understood interprofessional collaboration as they described how they worked interprofessionally and how they thought other sectors worked interprofessionally. Frontline workers mainly worked interprofessionally to protect and care for youth, stabilize their environments and circumvent structures to improve care for individual youth. Middle managers perceived interprofessional collaboration as a means to to and/or produce inequities and oppression that led to poor health.

Frontline Workers

The frontline workers (professionals that worked directly with youth in schools) used interprofessional partnerships to develop a better understanding of the complex lives of youth since many of their life circumstances were often (but not always) foreign to them. Understanding the lives of youth enable the frontline workers to protect youth from harm. In many cases the term "protection" is used in the most literal sense: keeping youth out of harms way, although sometimes protection was also seen as a strategy to protect youth from jeopardizing their education.

They also used their interprofessional relationships to circumvent confining structures or rules that might not be in the best interest of the youth with whom they worked. In this way, interprofessional partnerships empowered frontline workers to disagree and resist "every day" policies or structures where they normally might have little or no control. How frontline workers "went against the grain" was evident in a number of stories in which they advocated for students who "broke rules". The problem was generally with the rigid structures or narrow policies that did not leave room for flexibility or alternative view points. Frontline workers challenged everyday social practices that were punitive for youth rather than being supportive of healthy growth and development.

Frontline workers also described their perceptions of their own profession in relation to interprofessional

One teacher who collaborated with a probation officer said, "a teacher needs to know if a kid in class isn't supposed to have fire starting materials. You need to know that. I didn't tell you about getting my hair lit on fire."

"Sometimes what the school doesn't understand is, Ok, the kid got caught smoking a cigarette. If the principal says I'm sending you home the kid knows he is in trouble because he is in breach. So he might go downtown and hang out with his buddies which puts him at risk of further offending." (Corrections Officer)

collaboration. In all cases the participants describe their choice to work interprofessionally as outside the norm in their respective professions. For example, in the following comment, a justice worker lamented that her behaviour and her interprofessional work made her unpopular with her own peers. She stated:

Well, I am almost embarrassed to say it but I will say it anyway because I am blunt…There are stereotypes about me. Some of the greatest networking problems I have had are with my peers. I have never had difficulty outside in the community, ever.

In another story a teacher suggests that many teachers are so inflexible and unwilling to consider different ways of doing schooling that they would rather "disinvite" students to schools rather than be part of a systemic change. Later, she concluded that when teacher and schools aren't willing to change, other service providers see schools as a barrier to student success:

This is an awful thing to say, but I think that there might be a number of service providers that would see schools as being real barriers to kids. You know? Yeah. If their mandate is to get the kids back in school and to you know [help kids], I think initially that the school might be a really hard barrier for them to kind of overcome, you know, getting going with the kid and – and yet I'm hoping, here [there is less of a barrier].

Most participants did not view their own professions in particularly enlightened states in relation to interprofessional collaboration. The majority of the participants were much more anxious to express their frustration with schools since many of them reflected the sentiment expressed above, namely that schools are often a barrier to success not a means for it.

The participants from non-education professions (justice, nursing, social work) also shared their perceptions about how schools and teachers functioned. It is interesting that, on one hand, non-educators expressed the complex and even daunting challenges faced by schools, yet on the other hand they described their frustration with what they perceived as a rigid and narrow system that is often detached from families and communities.

Schools are too quick to kick the kid out of class or be in their face. These kids are too used to people being in their face and they are just going to totally shut down so there had to be a new way of think as far as how to deal with those kids".
(Social Worker)

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This justice worker said about teachers:

> *I think there are stereotypes – I think we are very quick to label kids – "oh, they are attention deficit or they are FAS." FAS is the new buzz word and now everyone is diagnosed with FAS or they are being labelled and I can't stand that. Probably the most successful teachers are going to be the ones that learn how to adapt to the teachable moments.*

A probation officer who worked closely with schools reflected on her experience working with school administrators and provided this example of the narrow but influential perspective schools assume:

While there was a healthy respect for teachers, other professionals often saw schools as the primary barrier for success. It wasn't a critique of teachers as much of a critique of the systems in which the teachers worked.

> *I certainly butted heads with the vice- principal on numerous occasions and I was not afraid to tell him what I thought and he wasn't afraid to say what he thought. His idea was probably, and this is typical of most vice principals – high school vice-principals is that if the kid was not attending school or misbehaving in school there is a zero tolerance. I mean – you're out – you are out of here. He didn't understand that some of these kids are on certain orders from the court – for example some of the kids are on an open custody order. They are given permission from the open custody facility to attend a school in the community. They have to have a piece of paper on them that says they have permission to be in the community for this particular time-frame and then they have to return back to facility... I think that was said to me – "well just breach 'em" when they are not going to school. That is not always that easy. Even though we might have a condition on their probation order that they must attend school on a regular basis. If they have missed one class it doesn't necessarily mean that we can take them back to court because that is a new charge.*

The militant approach was not only described in the context of the teacher student relationship but also between professionals. Non-educators in schools often commented on the need to assert themselves in a school context where the taken-for-grantedness of the practices were entrenched in the dominant discourse of schooling. This social worker described what it was like being the "foreigner" in a school:

Sometimes schools don't recognize how dominant and exclusive the school culture can be.

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The first month was the most difficult. I didn't know what was expected of me and actually after the first month I was ready to say "take it – I'll go back where I am safe". There were some people trying to draw me in at the school. I could understand that they were so desperate to have someone in there because there are so many areas that they just don't know about. That is where I had to draw some boundaries about what I could and couldn't do. For example, I said that they wanted me to look after the attendance. I just said no – if you want an attendance secretary then hire one because that is not what I am here to do.

How can professionals learn to work with, for and about each other to collaborate to improve conditions for youth?

Another social worker described how traditional school structures and rigid teacher attitudes also impair relationships with parents:

Parents are having trouble with their kid and they finally get him to school but the first thing they hear when they get them back to school is "if you don't measure up you are going to fail." Now there is all this pressure from the school, whereas if they got a phone call and they said your kid has missed four days of school and we are worried about him falling behind is there anything that we can do – here is what is available to you. Now wouldn't that be a totally different discussion on the phone. Problem is that teachers are not necessarily the best persons to counsel parents. Telling them to kick their kids in the butts and telling him to get to school probably isn't the best answer.

How do professionals involve families and communities in their partnerships?

Even though many participants in this study were involved in extensive interprofessional partnerships with schools not all the non-educators saw schools as open and hospitable environments for interprofessional collaboration. In the following comment a social worker reflects on the subtle ways schools can be resistant to working collaboratively:

It is not as easy for us to get a hold of teachers which tells us a lot. Even, I mean, even if we don't get back to the teacher we can call that kid in and ask what is going on – you've missed two weeks of school is there something going on at home?

Several government sectors are relying more heavily on schools to provide information and while there is often a spirit of collaboration there often isn't a policy or a formal structure in place to guide the process. A Corrections officer stated:

We have come up against a little more resistance now because we require a little more information from the schools. For example, at one high school we were just told we need an "access to information slip" or whatever it is signed by the student before they will give any information including whether the student even goes here. We have never had that problem before. I phoned the school division– I said "has something changed with access to information?"

What is most significant about the non-educators who view schools as rigid, narrow and militant is that they saw themselves, working interprofessionally, as the solution to this problem. Seemingly, there was no better way for schools to begin to understand their own nature, both their shortcomings and strengths, than to have another sector's perspectives in which they can compare themselves to. The non-educators saw themselves as pioneers charting a path, influencing paradigm shifts in teachers, perhaps even creating educational reform.

There is no better way for schools to begin to understand how they perceived by others until they are engage in communication and collaboration that fosters this type of feedback.

Conversely, when teachers spoke about working with professionals from other sectors they raised very few concerns. This teacher said:

We are really lucky we have a good worker. She works really closely with the kids and she is really fair to them and she doesn't lie to them. She will support them. She is very good with them – we are lucky there. She takes more than just the traditional role. You would think. Because this is not the only school she has.

Teachers were grateful for any interest or contributions other professions would invest in the school's youth. Perhaps they have learned not to expect much and any overture seemed like a bonus.

Similarly, another teacher commented specifically about a particular nurse:

[Name] is our public health nurse. And she also really helped get the daycare going. You know, she always was really supportive and really wanted to be a part of that.

She really saw the importance of her role in educating the moms; she has done that every year.

In school contexts where interprofessional collaboration was more sophisticated, teachers perceived the other professions as more than a useful service. The ethos of the school changed too and this infiltrated into many other aspects of school life. This teacher reflected on the enhanced school environment and collegiality when sectors work interprofessionally:

When you truly are partnered – our partnership with social services, it has been huge in terms of – I've never seen so many social workers in our school. And people kind of go out of their way to "Oh, you're here to meet with" – you know, they even know who they are meeting with. And " Do you need a room to meet in?" and – so now I'm hoping one of the results would be, "As a social worker, I know when I go there, that there's friendly people who I am working with in the efforts of, you know, supporting this youth." And, you know, I mean that's just one. There's probably been many, many more. But these little things that maybe you didn't intend to go into the partnership with that have just kind of happened.

Middle Managers

Middle managers seemed to question the willingness of schools to be in a genuinely collaborative relationships and this attitude tempered their level of commitment to collaboration. Middle managers outside of education clearly did not want to invest their resources in schools in general when they did not believe collaboration would actually improve the conditions for youth. For example, yearly school/student health assessments are conducted by Public Health Nurses in order for schools to prioritize their health actions for the year. There is often a gap between what is revealed in the assessment and what is actually done about it and what *can* be done about it in schools. The question seemed to be "who's job is it any way"?

From the perspective of a middle manager in Health, schools could make many adjustments to improve health conditions in schools (increase Physical Education time, improve canteen selections etc.) without having to work extensively with the Health sector but schools have traditionally "dragged their feet on these issues". While there were many pragmatic and traditional ways that middle

The spin-off from professionals working together in schools is difficult to measure. Can one assume that quality of care for youth increases when professionals develop interprofessional relationships which are based on mutual trust and respect?

Middle managers included principals and administrators in other sectors that had subordinates and were responsible for some resource allocation.

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managers provided health services to schools (e.g. vaccinations) sophisticated health promotion or collaborations between Health and Education were reportedly scarce. The middle managers in Health suggested that for meaningful intervention to take place there would need to be more motivation from schools and policy makers in Health and Education to provide the direction, accountability and resources to make it happen.

Middle managers in Health had a "sore spot" with Education in regards to curriculum development because it has traditionally been the sole responsibility of the Education sector. Middle managers in Health clearly wanted to be more involved with curriculum development and this was an area where they felt interprofessional collaboration would be an asset. Even though middle managers from Health often felt marginalized by Education, they believed that public health issues are, as one participant said, "very much tied into schools and tied into having the support of the school."

Middle managers suggested that it would be a significant paradigm shift for Education and Health to work together in genuinely collaborative ways.

Middle managers in Health described low levels of partnering with school; mainly supplying resources (primarily information in the form of lesson plans, brochures, activities) as a strategy to maintain a connection and gain access to schools. From Health's perspective, the other benefit of *supplying* resources rather than *being* the resource was that it mobilized teachers and schools to take greater ownership for teaching health content and prevented teachers from their perspective, off-loading those responsibilities to public health professionals.

Health seemed to be looking for ways to collaborate, not necessarily less but differently with schools.

While it appears that middle managers in Health, are in theory, supportive of interprofessional collaboration, they were also wary of engaging in partnerships merely for the sake of collaborating. They reported more interest in collaborating when they expect that the collaboration will provide a clear health benefit and middle managers did not seem convinced that investing significant collaborative efforts in schools under the present conditions will improve the health of students. At present they seem to maintain the "interprofessional" status quo by supplying resources to schools and investing whatever interprofessional energy they possess to community-based projects, not necessarily ones that involve children and youth in schools. Middle managers seem to be confined to low levels of collaborating such as

communicating and connecting by virtue of their position. They weren't in a position to independently make decisions about more sophisticated efforts to collaborate without support from their superiors. When there were higher levels of collaboration that spawned more interdependence between sectors it was grounded in more grassroots projects that involved their subordinates, more likely than themselves.

The irony is that what seemed to frustrate the middle managers in Health the most was the same thing that frustrated middle managers in Education. Middle managers in Health recognized "the gap" between their vision to engage in social and political analysis and action and their ability to engage meaningfully in social transformation. For example, they perceived that prevention activities such as vaccinations were prioritize much higher than addressing determinants of health (income, social networks, education) through population health strategies. What was interesting was that middle managers in Education also recognized "the gap" – that is what Health says and what Health does and it irritated some individuals in Education. A middle manager in Education said:

Well, the message flash here is Education is all public health, this is all about – like Health haven't quite got it yet, because they are very much inside a box, right? And its not just Public Health here [in this city] that is, it's Public Health all across the nation –They, who should know about community health and primary health care and they are the people that are into inoculations and flu shots. Very much the inside the box stuff, not sort of the population health kind of stuff. But they think they are very much into that, but they are actually **not** *into it at all. It is about how all of this works together and that there be some continuity and opportunity to talk and see the pieces and see how that whole social safety net actually works together.*

Overall, middle managers from Education and Health experienced interprofessional partnerships in different ways but, ultimately, their interpretation of the purpose of interprofessional partnerships was the same. Both interpreted interprofessional collaboration as a way to strengthen social and political analysis and action to address inequities that lead to poor health but Health and Education worked in parallel universes to do it. The fact that both groups of middle

Middle managers in both Health and Education recognized the value in working together to address the determinants of health, yet they perceived they didn't have the capacity to do it.

How is it that Health and Education have the same goals but work in parallel universes?

managers found this same common purpose for interprofessional collaboration was quite stunning. Given that much of the literature on interprofessional collaboration comes from a bio-medical model where professionals collaborate to improve health care, it was somewhat surprising to come to understand how clearly the middle managers in Health articulated a vision of interprofessional collaboration aimed not only for care but primarily for social transformation.

The middle managers in Education approached social action from an interprofessional perspective too but, ironically, with sectors other than Health. Similarly, middle managers from Health were in the midst of reconceptualizing what it would mean to work interprofessionally with schools while trying to juggle at least three variables in the process. First, they were experiencing internal challenges redefining their roles and budgets in relation to health promotion. In other words, they struggled to actualize social transformation process amidst the need for primary health care such as baby clinics and vaccinations. Secondly, they were questioning the value of working with schools when they felt schools were traditional and not open to social transformation. And thirdly, they did not seem to have clear channels of support for interprofessional partnerships amongst their internal levels, particularly between policy makers and middle managers. The cumulative effect was that neither Health or Education saw the other in a particularly positive light in terms of working together to improve the conditions and well-being for children and youth.

Policy Makers

The factors that shape how policy makers experience and interpret interprofessional partnerships focus around three main themes: building better safety nets, clarifying and deciphering lines of authority and negotiating with critical "queries". I sub-divided the policy makers into two groups: clinicians and gardeners. Clinicians were those who leaned towards working interprofessionally to integrate services in a "clinical" way, precisely diagnosing and prescribing. Gardeners were those who advocated for interprofessional partnerships as a way to increase comfort with mutual growth and diversity.

"The acute care sector drains money from public health. With SARS and West Nile, money is going into surveillance. We need a wonderful body to look after the determinants of health."
(Middle Manager in Health)

To work with kids in a school without affecting their broad community environment is probably a waste of time…Does it make a difference or does it make people feel good? …To get kids for a three year period – coming in, rotating and then they are gone. Is that really going to change their health behaviours? Probably not. You really need to work from a population-based perspective. What are the strategies and relationships to policy, what are the supports for parents and what are things that need to happen in the community to change those?
(Middle Manager in Health)

Clinicians

For some policy makers there was a strong affinity for providing "care" in the form of a sophisticated network of integrated services. The clinicians tended to focus on engagement and empowerment of communities where policies and practices increased individual agency, which resulted in more local control over decision-making and improved the delivery of health services, but without a significant analysis of the root causes of the problems. The dialogue focused on "serving better" since their focus was on caring for people and deciphering how to collaborate with other sectors effectively in order to manage complex crisis situations. There were subtle indications that emerged from the conversation where they examined the complexity and critical tensions of working collaboratively but, generally, they were steadfast in the assumption that unilaterally integrating services was an effective strategy to improve the health and well being of youth. "Caring" and "serving" were definite themes among the clinicians who viewed integrated services as a way to build better safety nets that caught individuals when they needed them. Integrated services functioning as a "service" and as an "act of caring" is evident in this quote from a policy maker:

"Our culture of how we work together is still in its infancy. We are good at some things and we all slap each other on the back. You should see when we make something happen – it is like we have invented insulin…we get a lot of good messages about changing our culture – we need to work together- don't be afraid of working together but until we have actually gotten down and done it. It is difficult for us to embrace that and we won't unless we are forced to."
(Policy Maker)

> *What we have actually found it is not that there is a gap in services – there is an opportunity for two or maybe three departments to pick up and work with that person and what happens is when I realize that [another department] can pick it up I push away at the same time. The poor client falls into the middle and that safety net where we had our arms crossed and we push away at the last minute and he falls through the hole and [we] say "that was tragic. You guys should have caught him" . The reality is if we thought about one of those arm chairs when you catch someone, well if we would have continued to hold hands then each of us would have expended less. It would have been less than 33% - not the 33% that each of us would expect out of three.*

The comments from the clinicians reflect the expected efficiency of a factory model which emphasizes productivity, uniformity and quality control. Notions of shared leadership and community engagement were frequently couched in professional terms and there was generally very little discussion about non-professional or community participation.

Gardeners

Unlike the clinicians who were generally focused on interprofessional partnerships to improve "care" for individuals and communities, the gardeners thought more broadly about the social determinants and the implications of failing to address issues related to justice and equity. The *gardeners* represent policy makers who advocated for interprofessional partnerships and collaboration, without a carte blanche acceptance and veneration of it. They primarily focused on interprofessional collaboration as a desirable strategy to improve the conditions for children and youth. At the same time they saw the weeds associated with interprofessional collaboration and their conversations were riddled with an examination of the tensions and questions inherent in collaboration discourse.

These participants reflected a distinct awareness of socially critical issues.

One of the policy makers acknowledged that School^PLUS reform and interprofessional collaboration needs to stretch beyond satisfying a narrow value system that is accessed by those who are powerfully located within the dominant discourse. She said:

That means that we want to encourage people to look at how they are doing things because often community education is about the processes – which sounds fluffy. It is about who do you include, how do you include them, why do you include them, when are they included in the kinds of processes that schools and divisions have underway so foundation to community education is involving people up front and in the beginning in the visioning and the planning; encouraging people who have not been traditionally included in these processes. For example when we are talking about community schools to be very specific to make sure that Aboriginal families who might have been marginalized up to this point and maybe who have not had positive experiences with schools and the school system. How do we get innovative – what processes do we use to reach out? [There are] all kinds of ways of extending to try to get them included to hear their voice to make sure that all voices are honoured so it is those kinds of approaches.

These policy makers discussed how marginalized people should not be blamed for their lack of agency and suggested that there is a need to question and flatten the

hierarchies of privilege. She continues:

I have actually been at gatherings with trustees where they say "we don't want any more of those programs for poor kids or for Indian kids". I believe in social justice and I believe in equity and I believe in some areas do need more attention and it is not – we don't live in a society where it is equal. We live in a wonderful democratic society but it is about equity and giving everyone the same fair chance and that is where I stand. I believe in both [targeted and non-targeted funding] and I think there is a definite role for unconditional funding because of how our education system is set up here. There is all kinds of room for local autonomy but I think as a province we do have the eagle eye in terms of the inequity across the province and we would like to equalize some of that [and provide substantial targeted funding.]

There could be a concern that the "eagle eye" might serve as a tactic to fuel homogeneity and a racist mandate instead of providing an opportunity for marginalized members of society. On the other hand, the "eagle eye" might symbolize those who understand and act on critical concerns such as how inequities are being produced in the province

Overall, policy makers tended to talk about how their subordinates or people on the front lines ought to engage in particular reform processes and they only briefly mention how their role as policy makers might also require reform.

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PART III

UNDERSTANDING INTERPROFESSIONAL COLLABORATION IN A SCHOOL^{PLUS} CONTEXT: FOUR PERSPECTIVES

As participants discussed the relationship between interprofessional collaboration and School^{PLUS} four distinct categories based on two main variables seemed to emerge. The first variable was based on the complexity and interdependence of the interprofessional practices. Some professionals perceived any interaction, including simple communication exchanges, with another sector as collaboration. Other participants reserved the term collaboration for more substantial interdependence between two parties. The second variable was the degree to which professionals critically analyzed existing social practices. A spectrum which ranged from no/little awareness, awareness, analysis and action represents how participants understood the critical in relation to School^{PLUS}. (See diagram p. 24)

The first group of participants are committed to low levels of interprofessional practice such as connecting and cooperating and provided no indication that they were aware of critical questions or issues. They seem to believe that the status quo is acceptable. According to the following policy maker, not only is School^{PLUS} not new for veteran teachers, it is not new for other sectors:

Same thing with integration you are rolling out School^{PLUS} *and you are trying to get me to come over and celebrate – and I am saying we have been trying to do this for 4-5 years in Social Services. We have been trying to drag you Education geeks along for 4-5 years and you guys look at us like we have leprosy and now* School^{PLUS} *comes out and it is like Zeus springing full grown from the head of his mother. You think you invented it - well you know what? That is a signal of success. When somebody says they have invented this that is when we know it has taken root. We encourage that.*

The second group are engaged in more complex interprofessional practices such as coordinating and they are mainly trying to "roll" School^{PLUS} into existing structures and discourse. They are aware of inequitable social

"If you took 100 teachers that have been teaching for 40 years and you stuck them in there and you talk about School^{PLUS} *without saying the word* School^{PLUS} *- you talk about the principles and values and how we believe we need to work with kids and stuff – they could all fall asleep for the afternoon because they wouldn't miss a thing".*
(Policy Maker)

practices that lead to unhealthy lifestyles and they speculate that School^PLUS should be part of any plan to address this issue. This group of participants are "benevolent skeptics": eager and hopeful for something better, skeptical that it would be easy to reorganize for collaboration in a meaningful way.

Even though many of these participants seemed, for a variety of reasons, disconnected to School^PLUS, it also gave rise to a common concern about the need for interprofessional partnerships and an analysis of existing organization structures that would support interprofessional practices. One participant from Health said:

It is difficult to partner with Education when they are such dominant leaders. School^PLUS and integrated services is driven by SK Learning. In my humble opinion, if you want a different education system you need different people making policy. SK Learning is full of very good people but they are all teachers and they all think like teachers. If you want an interdisciplinary perspective you have to have other sectors more intimately involved. Why isn't the School^PLUS unit intersectoral?

The third group of participants were collaborating in complex and interdependent ways and they were asking specific questions about oppressive and inequitable situations. Some participants even engaged in activities that challenged norms and oppressive everyday practices within their workplace even though they did not have the clearest vision for critical analysis or systemic change. In this conversation a teacher explains how the "problem" is not bad kids but classrooms and structures associated with traditional schooling. She understands that poor health and lack of academic success cannot be solely attributed to poor individual decision making since the social practices that reproduce inequities are not as she says "self induced":

Ultimately I have learned, that the problems are so immense that nothing I do – you know it is sort of a band-aid….We have to change the way we operate. I mean we can't keep doing what we are doing, because I mean if we are losing 50% of Aboriginal kids we are not successful. Anyway so what I do is work with the all sorts of workers

What do we need to do collectively so it is not coming from Learning alone? I think Learning is probably one of the key players in terms of providing the overall leadership.
(*Policy Maker*)

trying to connect with other people, other support systems. When I am working with kids, it's just, it is so difficult to listen to what they have been brought into. I mean not a lot of it is self-induced…You know, I think on a really big scale, the whole community is going to have to pull together in a lot of different ways.

The participants in the fourth group saw School^PLUS as a touchstone or a catalyst for reorganizing systems and structures to not only improve service delivery and interprofessional collaborations but also to evoke more wide spread "cultural change". They were collaborating in complex and interdependent ways that were not only based in intervention but also in prevention and health promotion. They were quick to use critical analysis to understand situations and they suggested that the notion of School^PLUS moved them to everyday acts of critical action. In the following quote this policy maker acknowledges the need for integrated service delivery as an aspect of School^PLUS but he was concerned that the attention paid to organizational issues related to service delivery might divert attention or down-play a more pressing agenda aimed at bringing about a cultural change. He explained:

It [School^PLUS] is providing the structure to support the work of empowering the community of expanding people's roles and moving in to roving leadership and being adaptive and making it more than it is on paper. So it is saying "what are the structures that can help this?" – one of the challenges that we have in government around School^PLUS and it is not only a challenge in community and I am speaking broadly, education and the larger community – human service community – the challenge is that people are used to government developing programmatic responses. [as if to say] "We are doing population health, population health is going to consist of this and that and we are going to evaluate it over two years and we will know what we have done. This is not what School^PLUS is. School^PLUS is not a program it is a cultural change. Over the past 2 1/2 years the big challenge has been a daily challenge. People want to wait for a program– School^PLUS is not a program. There are elements, initiatives and structures that government can bring – foundational support, financial and some policy support but School^PLUS is a cultural change.

"If they came here for a week they would recognize that these are not white middle class kids…We see middle class as the normal and those are the kids that we focus on but that is not the reality."

"You can't say you're doing School^PLUS because you have one professional in the school. That is a start, sure it is but I don't want to down play. But it is about how do you share power, how do you do things differently? Those are the fundamental questions… I think that School^PLUS is very educentric and I don't think we have shared enough power."

The final category does not represent a group of participants in the way the previous four categories did; rather, it represents a theme that emerges from all of the categories, regardless of how they perceived School[PLUS] and its relationship with interprofessional collaboration. What was clear in the voices of many of the participants is that School[PLUS] has spawned a renewed interest in working together, whether it is directed to creating better service delivery or to goals related to creating a cultural change. That renewed vision of working together has generated a sense that human service providers need to be prepared differently in their training and education from the way they have been in the past.

Currently the University of Regina has several pilot projects underway which engages students in interprofessional internships.

While participants described a wide-spectrum of interpretations of School[PLUS], I was most intrigued with those ideas that conceptualize School[PLUS] as a framework to question oppressive social practices. Surely School[PLUS] could offer more than a glorified service integration mechanism. How could interprofessional collaboration in the context of School[PLUS] challenge the status quo? What are the challenges and possibilities related to dissolving boundaries and working in interdependent ways to begin to be part of changing a culture.
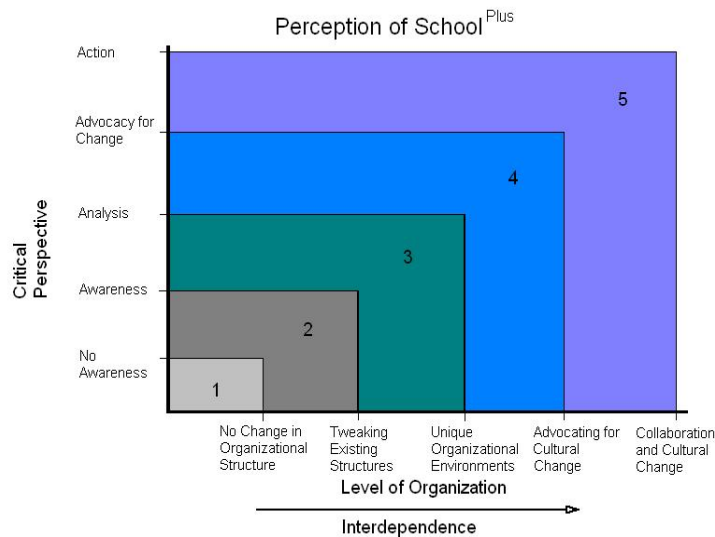
INTERPROFESSIONAL PARTNERSHIPS: THE CHALLENGE AND POSSIBILITIES IN (THE) LIGHT OF SCHOOL[PLUS]

Since interprofessional collaboration is often touted as the remedy for social and health inequalities (Herbert, 2005; Whiteside 2004; Romanow, 2002) it seems fairly benign for human service providers to work together with schools to provide "care" or "social triage" to improve conditions for youth and their families. Or so it would seem. While these efforts are often well-intentioned, professionals often assume the responsibility for defining and solving problems, which ultimately weakens communities (Mawhinney, 1999; Kumashiro, 2004). Even when professionals work *with* youth as equal partners and not *for* them in prescriptive ways, these well intentioned partnerships require analysis. This section considers ways in which well-intentioned collaboration might reproduce oppression and privilege and it also, paradoxically, opens up the possibility that interprofessional collaboration can also be a means for social justice.

How Does Interprofessional Collaboration Reproduce Oppression and Privilege?

Interprofessional collaboration can unintentionally define what is "normal" and in doing so contribute to unjust social practices. The four ways, which are presented as challenges, question whether the participants who use social justice discourse actually disguise maintaining the status quo or work to challenge it.

The first challenge considers how "care" stands in for justice. Schick (2004) argues that interprofessional collaboration in its entirety is an approach that sustains and appeals to middle class interests, evading active intervention to alleviate poverty, racism and economic inequality that stand behind immediate problems. Foucault's (1983) notion of pastoral power informs how it is possible for human service providers to naively define themselves as being part of care giving professions when in fact "care giving stands in for justice"(Schick, 2004). Pastoral power is seen as a coercion that forces subjects to be submissive to hegemonic powers that appear to be working on their behalf (Foucault, 1983).

We *do not often question certain practices and perspectives because they are masked by or couched in concepts to which we feel social pressure to conform, including such concepts as tradition, professionalism, morality and normalcy.* (Kumashiro, 2003)

Pastoral power was evident in quotes such as: "I will tell parents that if they are not parenting properly, they need to parent properly and not passing any judgment..." or "this is how you fix everything." Passing judgments or offering advice how to fix everything implies that individuals, in this case, parents should be held accountable for systemic inequities in which they have no control.

Parenting tips might play a small role in improving conditions but it pales in comparison to how the social, historic and economic context affects the choices available to the entire family.

The second challenge disrupts how professionals who say they are committed to social justice create normalizing and oppressive situations when they have "an abiding interest in home life'' and seek to "raise children" (participant). Informed by Stoler's (1995) colonial reading of Foucault's History of Sexuality it is questionable whether these kinds of statements reflect a genuine interest that supports equity and social justice, languishes on the periphery of social reform or contributes to hegemonic racism to oppress marginalized individuals in an effort to define the superiority of the white middle class identity. The similarity between the 19th century Dutch campaign described by Stoler and contemporary reform movements raises questions about how white middle class morality and racial attributes are formed by the discourses associated with interprofessional collaboration.

The third challenge discusses whether schools are really committed to working interprofessionally with other sectors to work for social justice. Here, the participants (not in the education sector) suggest that schools are inhospitable places to work for school justice since:

1) Schools are "toxic" and "traditional" –
Non-educators often perceived schools as proliferating unhealthy social practices and they did not perceive schools as having a direct positive impact on student health. These participants also described how they were reconceptualizing their roles to incorporate community development strategies that transform circumstances and improve opportunities for youth and their families, but they did not see schools committed to the same goal.

"Boot camps, they are not going to change anything. They are not – until we start making parents accountable and until we start making communities accountable nothing is going to change. How do you make parents accountable?"
(Frontline worker)

The Dutch campaign for popular education was framed as a reform of an orderless morally corrupt society where ignorance, immorality and savagery were the enemies of the natural order. Reform rested on the instilment of personal self discipline as well as collective moral control.
(Stoler, 1995, p.119)

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*2) Schools lack of critical or anti-oppressive
education in schools*

A lack of collaborative anti-oppressive curriculum marks another challenge for interprofessional partnerships to work as a means for social justice.

The final challenge asks if the concept of *social justice* in interprofessional collaboration discourse is a trendy fad or an opportunity for serious re-distribution of power. Understanding what it means to re-distribute power is part of disturbing the status quo, but understanding *how* power is re-distributed must also be part of the analysis. Re-distribution of power that serves to further disguise maintaining the status quo by *re-organizing* power is not for social justice. Many participants used social justice discourse such as "to transform and be transformed" but they struggled with how they actualized these ideals in practice. Their comments provided insight about their perception of unequal power distribution that undermined transformation.

The Possibilities for Interprofessional Collaboration as a Means for Social Justice

While Kumashiro's (2004) calls for a vigilant, ongoing critique of tradition, he also suggests that it does not mean that we reject everything and search for a better approach. Although all approaches to interprofessional collaboration are partial and political, they are not equally oppressive or anti-oppressive and for that reason it could be said that the relationship between interprofessional collaboration and critical theory and anti-oppressive thinking can be expressed as "complementary," which is to say that they are both vital to an informed praxis.

Interprofessional collaboration, therefore, must be cast in a form that embodies anti-oppressive thinking and critical theory. Without this kind of thinking interprofessional collaboration will become vulnerable to the status quo which may well succeed in hijacking its goals. Critical theory and anti-oppressive thinking are, therefore, essential to providing interprofessional partnerships with a textual meaning that ensures informed praxis and much needed social change. But, by the same token without interprofessional collaboration, critical theory and anti-oppressive thinking could lose an important opportunity to embody goals and thinking in terms of a concrete change process. Since the purpose of

Social justice requires not only the recognition of people as active agents working for change in their own communities but also the redistribution of power and material assets to those that have been excluded if real change is to be achieved. (*Tett, 2003*)

interprofessional collaboration is "transformation of the professional role to being an equal partner with clients and community, a partner in growth rather than a prescriber of solutions" (Brandon & Knapp, 1999, p. 879), it complements the theorists whose goal it is to change the world and address oppression, not merely understand it. Four possibilities emerge that suggest interprofessional collaboration is a means for social justice.

1) An Alternative Understanding of Care.

"Care" is certainly a relevant concept for human service providers in this study since they were generally all primarily focused on improving fragmented, categorical and cumbersome systems in order to address acute care needs of students/clients. While some of their practices are preventative in nature, they often seemed more heavily invested in treatments and interventions. Many participants perceived that interprofessional partnerships enhanced their capacity to address acute needs in individuals. *Acute care* from their perspective ranged from protecting an exploited child to supporting a family with complex needs related to mental health disorders and addictions. This type of care is a form of *social triage* which is rooted in a biomedical model. Interprofessional collaborations that address social triage could be criticized because an emphasis on *fixing* youth diverts attention away from changing social structures and institutions, such as schools, that created oppressive conditions in the first place.

The responsibility for creating a more hospitable context should not be left to the front line workers "who are not in a position to change the wider environment.
(Schorr, 1997)

For that reason, it is important to differentiate between the fine line of *fixing* and *caring*. If the term "fixing" is a way of pejoratively trivializing all acute care it paralyzes any practical, concrete everyday practices that seek to improve the conditions for children and youth. Perhaps, the term "fixing" refers to implicating youth for their lack of agency and for matters in which they have no control and burdens human service sectors to "fix" them so schools can carry on. If this is the case, surely "caring" for youth could offer a strategy for human service providers to do what is humane and necessary to ease pain and suffering. It seems to me that "care" is a necessary task for both medical and social reasons, while "fixing" is a diversionary activity that saps energy and resources from addressing root problems. At times the distinction between the two is blurred but human service

There is no guarantee that working interprofessionally will ensure anti-oppressive strategies, but there is evidence to suggest that it cannot open up the possibility.

providers at all levels need to be attentive to the differences and be clear in their purpose. Acts of "fixing", therefore, that are masked as caring need to be disrupted, while acts of "caring" that are purposeful may even be anti-oppressive.

2) Interprofessional Practice Marks Identities

Undertaking an agenda for social change requires individuals to shift from conformity and compliancy to creating spaces for critical analysis and social action (Bomer and Bomer, 2001). While most of the participants were not explicit about working for social transformation it was evident that many of them were engaged with some social and political analysis and were concerned about inequities. It was evident in this study that working interprofessionally enabled many human service providers to set themselves apart from their colleagues in this particular way. Their professional identities were closely linked with being the kind of professional that pushed limits and looked at situations in alternative ways. They often positioned themselves as human service providers that worked on the margins of their profession because working interprofessionally cultivated alternative ways of understanding issues, promoted a different use of language and expended their energy in different ways.

These professionals challenged the status quo in a variety of ways by being attentive to the experiences of youth who have been marginalized or oppressed.

3) A Window into an Alternative World

One of the goals of social justice is to bring to light oppression and social inequality that is based on race, social class, gender, disability and sexual orientation (Lenski, Crumpler, Stallworth & Crawford, 2005). It is difficult for many human service providers to be motivated to challenge the status quo when the systems work well for them. And, it is easy to blame individuals for making poor choices when professionals understand a family or a community myopically.

According to Kumashiro (2004) it is common for people to have harmful, partial or stereotypical knowledge about people who come from different backgrounds other than their own and it is necessary to broaden one's understanding of differences. One of the ways that working interprofessionally supported social justice principles was by expanding the opportunities for professionals to broaden their

Professionals, particularly those from a white, middle class perspective, came to value alternative perspectives from working with other service providers as well as working with families in a variety of contexts.

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understanding of the life circumstances of youth and their families and the implications of the social and political environment on their context.

4) Interprofessional Partnerships - Building Courage for Change

One of the pre-requisites for social action is learning how to advocate and challenge systems. Bemak and Chung (2005) suggest that it is a hard road to travel because "taking on" a system or being an advocate for social equity often means individuals encounter resistance and resentment for "rocking the boat." Interprofessional collaboration in this study often required human service providers to challenge traditional professional norms and practices. Participants in this study seemed to use the skills and relationships that they learned from working interprofessionally to build courage and capacity to challenge the status quo.

Many professionals felt more comfortable using their professional discretion, also known as "bending the rules," particularly when they could do it in tandem with another professional. Perhaps, when multiple professions are involved with a decision it feels less like "breaking the rules" and more like responsiveness and justice.

CONCLUSION

There has been widespread criticism that integrated services has been a movement plagued by erratic, ineffective services which sustain institutions, not individuals. Smreka and Mawhinney (1999) question whether it is even possible for children to be "fixed" without systemic reform in community economic development and job creation. Lawson (1999) takes issue with the assumption that children need to be "fixed" by a system of integrated human services in order for teaching and learning to follow. Britzman (1995) argues that we might be fixing things that might not be broken based on our normative assumptions. Moreover, Ellsworth (1989) suggests that there is lots of well-intentioned activity that yields few positive results at best and at worst it underscores hegemonic practices.

Interprofessional collaborations in school communities open up the possibility that interprofessional partnerships can be a strategy to work for social justice.

The issues at stake are complex and multifaceted and it is clear that doing integrated services better, or in a particular way, will not in itself be a panacea for all the social maladies that plague individuals and communities.

Anti-oppressive thinking and interprofessional collaborations are complementary.

After a surge of efforts in the 1980s and 1990s to coordinate and integrate fragmented services as a singular approach to improve conditions for children, service integration is now generally understood in a much broader context, providing a foundation for more systemic reform that

seeks to strengthen families and institutions (McCroskey, 1998). This study opens up the possibility that interprofessional partnerships can be both a strategy for, and an impediment to, social justice. In Saskatchewan, School[PLUS] is the multifaceted, interrelated approach that embraces interprofessional collaboration in a broader reform effort. As convoluted as the definitions and understanding of School[PLUS] were among the participants, the prevailing discourse drew participants into a common journey. At this point School[PLUS] provides a focus for reform, critique and the potential for social transformation.

I believe Kumashiro (2001) would suggest that we do not abandon School[PLUS] and interprofessional collaboration simply because it can be hijacked by an oppressive status quo. Instead of searching for a better approach to improve social conditions, we may need to examine how our practice can either reinforce or challenge oppression.

That such a fundamental reform of human service public policy should be recognized and attempted in Saskatchewan is, in many ways, most fitting. Often faced by scarcity, and energized by a deep quest for the common good, the province has spawned numerous reforms and initiatives that draw upon a spirit of cooperation and collaboration, as a strategy for sharing risks and facing economic and social challenges. Cooperatives, credit unions, Crown corporations and, especially, universal medicare are manifestations of this spirit. The kind of reform proposed by School[PLUS] is very much in this tradition. Although the concept itself focuses in some ways upon education, and more specifically the school, School[PLUS] can be seen as an effort to dissolve boundaries and promote collaboration among all human service providers – in the drive to meet the needs of children and youth – rather than as a grab for power and influence in public policy.

To learn about and understand life's purpose and meaning, it is necessary to live through a range of experiences that both affirm and shake up our orientation, such that understanding and self understanding are not distorted or denied but clarified and furthered.
(Kerdemann,1998)

References

Bemak, F., & Chung, R. (2005). Professional school counseling. *Alexandria, 8*(3), 196-204.

Bomer, R. & Bomer, K. (2001). *Reading and writing for social action*. Portsmouth, NH: Heinemann.

Briar-Lawson, K. & Drews, J. (1998). School-based service integration: lessons learned and future challenges. In D. Van Veen, C. Day & G. Walraven (Eds.), *Multi-service schools: Integrated services for children and youth at risk* (pp. 49-64). Leuven, Belgium: Garant Publishers.

Brandon, R. & Knapp, M. (1999). Interprofessional education and training: Transforming professional preparation to transform human services. *The American Behavioral Scientist, 42*(5), 876-892.

Britzman, D. (1995). Is there a queer pedagogy? Or stop reading straight. *Educational Theory*, *45*(2), 151-165.

Calfee, C., Wittwer, F., & Meredith, M. (1998). *Building a full service school: A step by step guide*. San Francisco: Jossey-Bass.

Crowson, R., & Boyd, L. (1996). Structure and strategies: Toward anunderstanding of alternative models for coordinated children's services. In J. Cibulka & W. Kritek (Eds.), *Coordination among schools, families and communities: prospects for educational reform* (pp.137-170). New York: State University of New York Press.

Decker, L., & Boo, M. (2001). *Community schools, serving children, families and communities* (2nd ed.). Fairfax, VA: National Community Education Publication Series.

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

Dryfoos, J., & Maguire, S. (2002). *Inside full service community schools*. Thousand Oaks, CA: Corwin.

Ellsworth, E. (1989). Why doesn't this feel empowering? Working through the repressive myths of critical pedagogy. *Harvard Educational Review, 59*(3), 297-324.

Foucault, M. (1983). The subject of power. In H.L. Dreyfus& P. Rabinow (Eds.), *Beyond structuralism and hermeneutics* (pp. 208-226). Chicago: University of Chicago Press.

Herbert, C. (2005). Changing the culture: Interprofessional education for collaborative patient-centred practice of Canada. *Journal of Interprofessional Care [Special Issue]*, *19*(1), 1-4.

Kronick, R. (2002). *Full service schools: A place for our children and families to learn and be healthy*. Springfield, IL: Charles C. Thomas Publishing.

Dryfoos, J. (1994). *Full service schools: A revolution in health and social services for children, youth and families*. San Francisco: Jossey-Bass.

Kumashiro, K. (2004). *Against common sense: Teaching and learning toward social justice*. New York: Routledge Falmer.

Kumashiro, K. (2001). "Posts" perspectives on anti-oppressive education in social studies, english, mathematics and science classrooms. *Educational Researcher*, *30*(3), pp. 3-12.

Lawson, H. (1999). Two mental models for schools and their implications for principals' roles, responsibilities and preparation, *NASSP Bulletin, 83*(611), 8-27.

Lawson, H. (2003). Pursuing and securing collaboration to improve result s. In M. Brabeck, M. Walsh & R. Latta (Eds.), *The contribution of interprofessional collaboration and comprehensive services to teaching and learning* (pp. 1-46). Chicago: University of Chicago Press.

Mawhinney, H. (1999). Rumblings in the cracks in conventional conceptions of school organizations. *Educational Administration Quarterly*, *35*(4), 573-593.

Mawhinney, H. (1996). Institutional effects of strategic efforts at community enrichment. In J. Cibulka & W. Kritek (Eds.), *Coordination among schools, families and communities: prospects for educational reform (pp. 223-243).* New York: State University of New York Press.

Levin, B. (1999). Reforming secondary education. *Canadian Journal of Educational Administration and Policy. 43*(1), Retrieved August 8, 2005 from http://www.umanitoba.ca/publications/cjeap/issue1

Lenski, S., Crumpler, K., Stallworth, C., & Crawford, K. (2005). Beyond awareness: Preparing culturally responsive pre-service teachers. *Teacher Education Quarterly, 32*(2), 85-101

McCrosky, J. (2003). Challenges and opportunities for higher education. In M. Brabeck, M. Walsh & R. Latta (Eds.), *The contribution of interprofessional collaboration and comprehensive services to teaching and learning* (pp. 117-139). Chicago: University of Chicago Press.

Lawson, H., & Briar-Lawson, K. (1997). *Connecting the dots: progress toward the integration of school reform, school-linked services, parent involvement and community schools.* Oxford, OH: The Danforth Foundation and the Institute for Educational Renewal at Miami University.

Lawson, H. & Sailor, W. (2000). Integrating services, collaborating and developing connections with schools. *Focus on Exceptional Children*, *33*(2), 1-22.

Romanow, R. (2002). *Building on values: the future of health care in Canada*. Ottawa: Commission on the future of health care in Canada.

Sarason, S. (1990). *The predictable failure of educational reform: Can we change course before it's too late?* San Francisco: Jossey-Bass.

Saskatchewan Learning. (2003). *School*[PLUS]. Retrieved April 10, 2004 from http://www.sasked.gov.sk.ca/k/pecs/splus/spring2003.pdf

Schick, C. (2004, November). *The effects of pastoral power on colonial systems: Discourses on School*[PLUS]. Paper presented at the School[PLUS] Congress, Regina, Saskatchewan.

Smrekar, C., & Mawhinney, H. (1999). Integrated services: Challenges in linking schools, families and communities. In J. Murphy & K. Seashore-Louis (Eds.), *Handbook of research on educational administration* (pp. 443-461). San Francisco: Jossey-Bass.

Stoler, A. (1995). *Race and the education of desire: Foucault's history of sexuality and the colonial order of things*. London: Duke University Press.

Tyack, D. (1992). Health and social services in public schools: Historical perspectives. In R.E. Behrman (Ed.), *The Future of children: school-linked services* (pp. 19-31). Los Altos, CA: The Center for the Future of Children.

Tymchak, M. (2001a). *Task Force and public dialogue on the role of the school: School*[PLUS]*: A vision for children and youth, final report*. Regina, SK: University o f Regina, Faculty of Education, Saskatchewan Instructional Development & Research Unit (SIDRU).

Tymchak, M. (2001b). *School*[PLUS]*: A vision for children and youth: Summary of the final report*. Regina, SK: University of Regina, Faculty of Education,

Van Veen, D., & Day, C. (1998). Multi-service schools: Integrating services supporting vulnerable children and youth and families. In D. Van Veen, C. Day & G. Walraven (Eds.), *Multi-Service Schools: Integrated Services for Children and Youth at Risk* (8-16). Leuven, Belgium: Garant Publishers.

Willms, D. (2002). *Vulnerable children: Findings from Canada's national longitudinal survey of children and youth*. Edmonton: University of Alberta Press.

Whiteside, M. (2004). The challenge of interdisciplinary collaboration in addressing the social determinants. *Australian Social Work, 57*(4), 381-393.