

Client Involvement as a Key Element of Integrated Case Management

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ABSTRACT: Using an integrated case management practice framework, the paper examines the challenges and benefits of *client involvement* in the delivery of child welfare and child protection services. The experiences of both child welfare/child protection clients and practitioners are used to highlight some of the challenges and benefits of including clients in the decision making process regarding their lives.

KEY WORDS: service integration; client involvement; client-centered practice; coordination.

Introduction and Overview

The following paper looks at the challenges and benefits of client involvement in the delivery of child welfare and child protection services. It does so within the framework of a specific type of practice—integrated case management—and through the experiences of child welfare and child protection clients and practitioners.

In 1996 the British Columbia, Canada, provincial government decided to pull all child and family related services together under one 'roof.' Services, professionals and programs were drawn from five different ministries, Attorney General, Women's Equality, Health, Education and Social Services, to form the new Ministry for Children and Families. Through a variety of strategies, the new Ministry was expected to bring about a more coordinated approach to its child welfare and child protection services in order to better meet the service needs of children, youth, families and other adults.

Integrated case management (ICM) was one approach that the Ministry used to promote the integration of services relating to children and to maximize the participation of clients in order to create better outcomes for children, youth and families. The Ministry's ICM User's

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Guide states that “integrated case management puts clients at the centre of the plan—and gives them an active voice in shaping services that will support them in directing their own lives, now and in the future.” http://www.mcf.gov.bc.ca/icm/users_guide_1.htm. page 1). A 1998 review of ICM as it was being practiced in British Columbia, (Rutman, Hubberstey, Hume & Tate, 1998) described ICM as a means by which “practitioners from across disciplines and work settings can work in partnership with each other and *with clients*, (emphasis added) to help achieve better outcomes for children, youth, families and other adults” (page 6).

Because there are varying opinions and responses to, and applications of, the concept of ‘case management,’ and because the characteristics of collaborative practice¹ are quite similar to those of integrated case management, for the purposes of discussion, collaborative practice and ICM will be used interchangeably.

Literature Review

A brief review of the social policy literature reveals consistent concern that the fragmentation of services and dependence upon individual disciplines and groups to address separate dimensions of child welfare has been costly and largely ineffective, both for recipients of services and for practitioners (Fargason, Barnes & Schneider, 1994; Meyers, 1993; Hallett & Osborne, 1992; British Columbia Office of the Ombudsman, 1990). Research into programs and service delivery models in other jurisdictions within North America and Europe suggest that the greater the degree of integration and interdependence among the components of a service delivery system, the more likely that client needs can and will be met (Morton, 1996). In this context collaborative practice between professionals is seen as critical to achieving positive outcomes for service recipients (Tate & Hubberstey, 1997).

While much of the literature is focused on ways of improving collaboration between professional groups or organizations, less attention has been paid to client involvement as a necessary component of the collaborative process. Studies that do examine client involvement however, show that their inclusion in planning can make a significant difference.

A study by Palmer (1996), for example, that looked at foster care placement in four Ontario sites, indicated that the involvement of parents made a difference to the service outcomes for their children. Treating parents as an important part of their children’s lives, by involving them in the placement process, was found to be one of two key factors that affected the stability of the child’s placement in foster care. Further, children whose parents prepared them for placement had fewer placements in an 18-month period.

A review of a family rehabilitation program in the USA revealed, among other things, that having women participate in the development of their treatment plans was a strategy that was effective in helping them to achieve successful drug rehabilitation (Carten, 1996).

Yet another study of effective practice for children assessed to be at risk, commissioned by the British government in response to an earlier public inquiry into the removal of children from their homes, concluded that children experienced better outcomes when their caregivers were actively engaged in discussing the needs of the family (Farmer & Owen, 1995).

Research on best practice in child welfare (Callahan, Field & Hubberstey 1998) and empowerment practice (Callahan, Hooper & Wharf, 1998) indicates that treating parents with respect, no matter what their circumstances or behaviour, made a difference for their children as well. Single parent women reported that when they were engaged in designing services in ways that were useful for them, their sense of "citizenship," was enhanced. This in turn led to an improved sense of competence and acceptance that also had a positive influence on their children. Parents reported that they felt respected when they were acknowledged for having strengths, treated honestly, included in planning for themselves or their children, and regarded as having something to offer. Some said that being included in decisions involving their children made subsequent decisions easier, such as accepting that parenting was not a priority for them or that an alternate placement for their child(ren) could be beneficial.

The drive towards collaboration in child welfare is not without criticism (Lupton & Khan, 1998). Nonetheless, even those articles which have identified problems with collaborative practice do not dispute the intrinsic value and benefit of client participation (Morrison, 1996).

Involving Clients

As one of the authors of the 1998 review of ICM practice in British Columbia, Canada, I was struck by the difference that seemed to exist between the concept of client involvement and the practical realities of engaging in this type of practice. Practitioners, for the most part, readily accepted the notion of client involvement. The practice of client involvement though was clearly more challenging. Many practitioners for example, wondered whether they would be seen as "ganging up on" clients during meetings and whether clients would truly find it useful to participate in multidisciplinary case conferences. At the same time several practitioners described many important benefits that accrued from involving clients and from the collaborative planning process.

Clients for the most part, were very positive about their participation and expressed fewer worries about being ‘ganged up on.’ Some acknowledged that they were uncomfortable at times, but no one indicated that they did not want to participate or that they should not have participated in case planning and case conferences. Indeed, many described significant benefits as a result of their involvement.

The comments and perspectives of both groups regarding the challenges and benefits to client involvement are presented below, followed by a discussion on implications for practice.

Issues/Challenges for Clients

Logistics and Parameters of Participating

“The conferences tend to be held during daytime which works for the professionals, but is difficult for me because of my work.”

“My social worker arranges the meetings, around my schedule—which I appreciate—and I attend them. I’m the primary caregiver.”

Clients described sometimes feeling uncomfortable being in a room with a large number of professionals, discussing their life in terms they did not always understand. Several described cultural or logistical impediments. For example, all parents noted that they had busy lives; many were working and/or had other children to care for and some had particular cultural backgrounds that needed to be taken into consideration. Still others described mental or physical illnesses that limited their ability to participate. When these factors were not properly taken into consideration, their ability to participate fully was constrained.

Clients overcame these situations in a variety of ways, for example, by taking a support person, other professional (nurse, therapist, lawyer) or advocate with them so that that person could ask questions or explain things more fully to them later on, by asking for meetings to be held at times convenient to their lives, or by requesting meetings be held in specific locations that met cultural or other participation factors.

Inconsistent Follow Through on Care Plans

“The follow through is not there.”

“We were listened to in the meetings, and sometimes there was learning that happened, but the action plans haven’t happened. We need to do more than talking.”

Attending meetings and making plans was just the first step in a collaborative planning process. Clients expected and wanted consistent follow through on any plans that were made during case conferences and found it distressing when this did not happen. They relied on everyone who participated to be responsible for their own piece of the plan and when this broke down, it typically left them without resources and with the same unresolved problems as before.

Decisions Being Made Outside the Multidisciplinary Case Conferences

“A lot of the problem was that the Ministry had to do this risk assessment and that is what their decisions about our family getting back together was based on. But it was done outside our ICM meetings so what we decided and were planning at ICM meetings didn’t fit with the risk assessment so we got messed around.”

When decisions that directly affected planning for families, were made outside the ICM process, it posed problems for everyone. Risk assessments that did not take place as a function of ICM were raised as the primary example of this. Clients felt very frustrated when the risk assessment process ignored the work that they had done towards regaining their children and the relationships they had established through collaborative planning with a range of professionals. Moreover, such practice undermined the good will and trust that had been built up through their participation in ICM.

Issues/Challenges for Practitioners

Capacity of Clients

“What I’ve seen is that it seems that not everyone at a conference is that comfortable having youth present. People didn’t know how to talk with clients, especially youth. People aren’t used to having them being there.”

Practitioners expressed concern regarding the capacity of some clients to participate in multidisciplinary case conferences. In particular, they worried that those with mental health problems, youth, and those whose first language was not English, would be overwhelmed by both the information and the experience of sitting in a room with a large number of professionals discussing their situations. Practitioners also worried that clients would not comprehend the information being discussed during a multidisciplinary case conference or that younger members of a family might be overwhelmed or distressed by hearing certain information. Some of this discomfort reflected a lack of familiarity

with having clients involved in multidisciplinary case conferences and therefore uncertainty as to how to construct a case conference so that these concerns could be addressed.

Frank and Open Communication

“I have noticed that other service providers aren’t always honest about their feelings. They tell me something in private but won’t say it in front of the client.”

Practitioners revealed that they often found themselves in situations wherein other service providers would tell them of their concerns about a family or individual in private but not during a multidisciplinary case conference. Alternatively, some practitioners described not knowing how to “challenge” clients during case conferences when they thought they were being facile about their willingness or ability to follow through on planning. They were concerned that the lack of frank and open communication between practitioners and between practitioners and families, led to unrealistic planning that undermined the potential effectiveness of the ICM process.

Involving Clients Is Difficult and Time Consuming

“I would like a foster parent on my team as well as youth in care and all the others but it is time-consuming to pull together.”

“When I looked into the situation, what had happened is that the worker first did a huddle with the dad who had custody and worked out a solution and then half an hour later, met with the mom, and then later they all met in the case planning meeting.”

For practitioners who were new to collaborative planning and practice, involving families and others in ICM seemed time-consuming and overly problematic. Families wherein there were numerous caregivers, or families wherein the parents were at odds with each other were some of the more difficult scenarios that practitioners encountered. Practitioners described being uncomfortable in the role of facilitating input into case conferences in these situations as this could take a lot of their time. They sometimes reverted to the more comfortable practice of separate discussions and unequal sharing of information. One supervisor noted that the complaints she typically received from parents and others arose from the tendency to use case conferences as a place to confirm decisions that had already been made, often in a manner that supported one person over another, rather than as a time to achieve shared decision-making. This type of practice inevitably led to further dissatisfaction and alienation.

Benefits for Clients

The Well-Being of the Child Is the Focus

“And through the meetings, my ex-husband and I began to work together to support L. I could never talk to him before, but because everything was discussed at the meetings, and there was a plan, we could get together and make it work. That was one of the best things about ICM.”

It was interesting to find that parents who in all other respects, were unable to work together, could through ICM, and with skilled input and guidance, focus on the needs of their child, rather than on their personal disagreements and distrust of each other. This had obvious benefits for their children. Other parents noted that by keeping the focus on the well being of the child, other potentially conflicted “agendas” receded.

Clients Learn New Skills

“I think ICM is like a mentoring process—I have learned so much by being part of it and solving problems and recognizing our strengths.”

As discussed above, when clients were skillfully engaged in the ICM process, they not only described better access to resources, they also found that they learned new skills in the areas of participation, follow through, decision-making, problem-solving, anger management and so forth. All of these skills represent important “citizenship” skills that are readily transferable to other situations such as home, work, personal relationships, parenting and community involvement.

Clients Feel Respected

“I like the way I am treated, that I am respected. If something is important to me, it is valid and important to the group. We all have mutual respect for each other.”

Part of what practitioners could do, especially those who were skilled and had more experience with ICM, was to model respectful behaviour with each other and with clients. This was noticed and appreciated by several clients who indicated that it contributed to their willingness to continue working together, even under difficult circumstances.

Clients Feel that They Are Full Participants in the Care Planning Process

“In another city, they did it mostly by conference call and I always felt like the “number in the corner.” I was never part of it like I am here. I really am a participant and if I don’t understand, they explain.”

When clients were engaged in the care planning process, it could make a difference. However, to engage clients so that they were full participants, meant attending to factors such as location and timing of meetings, encouraging the presence of advocates/support people, and clarity of language. Another way that clients felt engaged was when they were equal partners in planning the case conferences, such as by going over the list of who should attend, giving input on location of the meeting and the agenda, receiving copies of any information being presented and identifying whether there was sensitive information that needed to be addressed but with fewer people in attendance.

Clients Feel Supported and that People Care

“The team meetings are like life and death. I have hope for the first time. It is the first light at the end of the tunnel. I don’t feel so alone and like a leper.”

“At first, I felt like a stranger in my son’s life. Now I’ve got two or three people phoning me to make sure I know what’s going on. It feels really good. It makes me feel important, to feel included.”

Regardless of their history of involvement with the child welfare system, several parents noted that they did not have a sense of being helped prior to ICM. Instead they largely felt solely responsible for finding answers to their situations. After participating in ICM, many reported that they experienced a sense of relief and support when they realized that there was a team of people who cared about them and their situation. They described feeling listened to, that their ‘voice’ was valued and that their needs were or had the potential to be, addressed. In other words, they found the overall experience empowering. Moreover, they appreciated that they did not have to recount their stories repeatedly.

Client’s Cultural Context Can Be Better Understood

“I was sweating bullets—partly because of the number of people and because there were people from my own reserve. But it was really incredible—positive. And there were Native people educating the non-Native people about our ways of doing things.”

For some clients, cultural factors played a role. They appreciated when those factors were taken into consideration, as when a case planning meeting was held on an Aboriginal reserve so as to ensure better accessibility for a wide range of people who had a role to play in supporting the client. Access was not the only reason for meeting on the reserve though; it was also seen as an important gesture of respect by non-natives.

Parents Are More Involved in Decision-Making Regarding Their Children

“The purpose was to figure out what was going to happen and to make a plan. My social worker came into it intending to go for a permanent order but changed her mind as she heard other people talk about me. Things are going a lot better now. I know what I have to do and what to expect, and we have a gradual plan to get my son home. I’m in contact with the group home and his teachers, and we’re all working together.”

This was one of the most important outcomes for clients. Parents whose children were in care by agreement as well as those who had children removed, were relieved when they were able to continue to be involved in decisions regarding their children. In some ways, being able to have some involvement in decisions regarding their children, seemed to reduce the antagonism and distrust that were often the by-products of child welfare and/or child protection interactions. More importantly, a mutual understanding of each other and a sense of cooperation began to emerge, which had positive spin-offs for both parent(s) and child(ren). One mother, after having the experience of working together towards the well being of her child who was in care, described having a better appreciation of the difficulty of the social workers job.

Benefits for Practitioners

Better Planning / Getting a Holistic Picture of the Client

“I was impressed when I attended the meeting, because I got to see just how many strengths the client had.”

“I was amazed at the competence and level of functioning of the client. I hadn’t seen her before, but I would have had a wrong impression . . . Hearing her talk about all she had done, I had tremendous respect for her. And the social worker was seen as her ally and partner.”

When practitioners work with the same client independently of each other, it increases the likelihood that they will miss critical information regarding the safety of children or others and that they will continue to see the client solely within the context of problem oriented service delivery and not within the broader, holistic context of their learning needs, opportunities and capacities. Several practitioners indicated that their perceptions of clients shifted when they began to work within an ICM framework. Specifically, they saw clients as being more capable and as having strengths. In one situation, as a result of having a broader picture of the client’s life, strengths and capacities, the focus

of the case conference shifted from planning to take the child into permanent care, to engaging with the parent to plan for his return from temporary care.

On the other hand, sometimes the outcome was the reverse and the clients' limitations were seen more clearly. However, this too, in a sense, represented a more holistic view of the client that led to better planning. For example, one family was able for several years to mask the degree to which their children were at risk. It was only when a multidisciplinary case conference was called and everyone, including the parents were present, that the risk factors were truly understood and removal of the children became a priority.

Can Make Better Resource Decisions

"The client can get better involvement and attention; he can tell us how he can best use us."

Practitioners made several references to how limited resources made planning and follow through difficult. Nonetheless, they also noted that when everyone was together and understood that their mandate was to work collaboratively with each other and with the family, there was an increased likelihood that more creative thinking about resources could occur. Sometimes collaborative planning through an ICM approach meant that some people "backed out" of the clients' life (which then freed up those resources to be utilized by other people in the system). Alternatively, sometimes it meant that resources were modified to make them more useful to the particular situation. In addition, working together with clients helped illustrate when resources were inappropriately or unwisely placed. For example, it is almost standard procedure to require parents to attend parenting courses. In one situation, the parenting advisor was working in the home with the parent but not at a time when the child who was in care, was present. Thus they were practicing parenting skills in the abstract. When that was brought to the attention of the ICM group, everyone could see that that was not the optimal use of the resource and the timing was modified so that the parenting intervention was occurring when both parent and child were together.

Improved Relationships with Clients

"After our first family conference I would say that we are definitely getting along better now."

Practitioners noted frequently that their relationship with a client improved when they were engaged in an ICM process. This did not necessarily mean that they "liked" each other, however, there did seem

to be an increased appreciation for each other's roles and positions and a lessening of the tension that often characterizes relationships between practitioners and clients in child welfare/child protection settings. Having an improved mutual understanding of each other allowed practitioners and clients to potentially work towards the same or similar goals. This in turn helped shift the focus of the interactions towards what was in the best interests of the child.

Practice Implications

The respectful and consistent involvement of child welfare and child protection clients in planning and decision-making regarding their lives has several practice implications.

Facilitation and Conflict Resolution Skills

Multidisciplinary case conferences typically involve numerous individuals with various levels of skill, capacity, perspectives, time and attitudes. Just calling a meeting is not sufficient; agreement is needed on a number of practical items such as the agenda, goals, priorities and care plan. This means that child protection workers, guardianship workers and any others who take on responsibility for chairing meetings and for involving clients need to have good facilitation skills and an ability to manage differing agendas or skill sets in order to keep the case conferences positive and constructive.

Encouraging youth to have meaningful participation is another area that requires good facilitation skills, as well as an ability to solicit input and to present information in a direct, simple and honest manner.

It can be expected that multidisciplinary case conferences will, at times, involve not only family members who may not be in agreement with each other, but also professionals who may have different views on what should be done, who the client is, or whether clients should be involved. Practitioners described for example, having foster parents at odds with natural parents, one family member wanting to use the case conference as an opportunity to confront another family member or one professional not willing to discuss important information in the presence of the client. These kinds of differences are to be expected; some can be resolved through a collaborative planning process while others will likely require additional input from an outside source. The ability to facilitate resolution of conflicts or differences of opinions is an important aspect of the skillful application of inclusive collaborative practice.

Another way in which conflicts arise is when there is disagreement as to the care plan. All communities and multi-service teams engaged

in collaborative practice should consider the likelihood of an impasse on some decisions, and the need to initiate a dispute resolution process. This may look different in each region or community, depending on what kinds of mechanisms are already in place.

Guidelines and a process for resolving disputes need to be incorporated as part of the implementation strategy.

Risk Assessments and ICM

In British Columbia, Canada, where this research was conducted, the decision to apprehend a child is made through application of the 'risk assessment.' There are differing opinions about the role of the risk assessment, and what the interface between an ICM process and the risk assessment should be. When the risk assessment is done separately and without regard for an already established ICM process, it can have a potentially negative impact on the work and decisions already achieved.

There are at least two possible scenarios for the interface between collaborative practice and application of the risk assessment (there may be other possibilities as well, but within the context of this paper, these are considered the most likely). One is that after a risk assessment is completed, if services are required, then they are provided within an ICM framework. The second is that ICM is already in place and as a result of that process, a risk assessment is initiated. The outcome of the risk assessment then informs the ICM team and vice versa. Even if the risk assessment indicated removal of a child or children, it would be important that the family remain engaged through ICM. In either scenario, the risk assessment would not be conducted without consideration for how best to gain the respectful involvement of family members (recognizing that this is not possible in all situations).

Information Sharing

Knowing and understanding the parameters of confidentiality, and information sharing is a vital component of collaborative practice. Practitioners had many questions about how much 'personal' information really needed to be shared in multidisciplinary conferences. At the same time, the claim of confidentiality can be used as a barrier to participation. Involving clients in case conferences addresses some of the concerns regarding confidentiality because, for the most part, it makes confidentiality a moot point. To make this work though, clients need to be given the opportunity beforehand to indicate if there are any pieces of information that they do not want brought up, to explain why

and then to help plan for alternate means of information sharing if appropriate.

Another aspect of information sharing involves documentation. Several clients indicated that they valued receiving copies of documentation developed during case conferences and knowing that they and the practitioners involved all had the same information. It allowed them to keep track of their role and commitments as well as what others were supposed to be doing. One foster parent noted that it made her job easier when both she and the youth in care had a copy of 'the plan.' That way everyone knew what was expected, which in her experience reduced some of the tension that can arise when information connected to planning is not documented and equally shared.

Conclusions

A brief review of the social services policy literature shows that client involvement in service planning can lead to better outcomes for both parents and children (Callahan et al., 1998; Carten, 1996; Palmer, 1996; Farmer & Owen, 1995). This does not mean that practitioners avoid making 'tough' decisions regarding the safety and well-being of children. It can mean however, that they make better decisions without losing sight of the needs of parents and caregivers as well.

Client involvement in child welfare and child protection practice means more than inviting clients to attend case conferences. There are a number of factors that need to be considered and addressed, to ensure that client involvement will be both meaningful and successful. These factors include preparatory work that may need to be undertaken with both clients and other practitioners. For example, practitioners need to be aware of the mental, emotional or physical capacity of clients to participate, dynamics between various family members, cultural influences, willingness of other professionals to support the active involvement of clients, and concerns about information sharing. It may also mean that they have to make adjustments in their practice by, for example:

- Developing and/or utilizing strong group facilitation skills;
- Ensuring proper documentation of case conferences;
- Working with clients to plan their involvement;
- Being open to the presence of advocates, lawyers, therapists, or community workers;
- Adjusting work schedule and meeting venues to reflect the clients' reality/needs;
- Being prepared for a range of experiences, skills and capacities during planning discussions;

- Learning how to be comfortable with tension and conflict and;
- Having clearly articulated and agreed upon decision-making and conflict resolution processes in place.

At the same time, practitioners found that there were many benefits to be gained by working within an integrated case management framework. Perhaps most notably, practitioners indicated that they developed a greater appreciation and understanding of clients' strengths and capacities, which in turn could lead to a better working relationship. Ultimately many practitioners found that when ICM was working well and clients and other colleagues were actively engaged, their sense of shared accountability was enhanced, their experience of isolation was reduced and in time, their work got easier.

Clients have shown that the opportunity to be involved in planning, case conferences and problem-solving regarding their lives, can make a significant difference. Interviews with parents and youth suggested that:

- When the focus is on the well-being of the child, parents can learn to set aside their own disagreements with each other or with their "worker" in order to achieve something positive for their child(ren);
- Clients appreciate the more holistic approach that emphasizes their strengths and capacities, not just their problems and deficits;
- By working together, parents and practitioners can develop more appreciation for what each other has to offer and for each others' roles;
- Through their ongoing participation, parents acquire new skills, such as problem-solving, anger management and priority setting, that they can apply to other areas of their lives;
- When everyone has a written copy of the service/care plan, there is a greater likelihood of successful implementation of the service/care plan;
- Allocation of resources is more realistic and better suited to client needs.

Endnote

1. For a list of the characteristics of collaborative practice, see: Tate, B. & Hubberstey, C. 1997. *Multidisciplinary Child Welfare Education Project*, page 5.

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