

ARAC briefing

AUSTRALIAN FAMILY RELATIONSHIPS CLEARINGHOUSE

Interagency collaboration

Part A: What is it, what does it look like, when is it needed and what supports it?

Myfanwy McDonald & Kate Rosier

Briefing Paper 21 comprises two papers that focus attention upon how interagency collaborations benefit children and families.¹ Part A looks at what collaboration is, the benefits and risks of involving families in collaborations, when interagency collaborations are likely to be most effective and explores how they can be supported through specific models of governance. Part B investigates the evidence regarding the relationship between collaboration and improved outcomes for children and families.

Terminology

In this paper collaboration is defined as a: “means of producing something joined and new, from the interactions of people or organisations, their knowledge and resources” (ARACY, 2009). This paper focuses upon service level collaboration (rather than policy or research collaboration) amongst agencies (rather than intra-agency and interpersonal collaboration).

Introduction

Collaboration is a high intensity, high commitment relationship between two or more parties that results in the production of “something joined and new” (ARACY, 2009). Agencies that work with children and families are increasingly expected to work in collaboration with one another. For example, one of the requirements of the new Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) Family Support Program is that services identify and develop collaborative service delivery systems that are appropriate to their local area (FaHCSIA, 2009).

The shift towards collaboration represents an acknowledgement of the limitations of a siloed service system. Agencies that work alone (i.e., in “silos”) cannot tackle significant, intractable problems as effectively as agencies that work in collaboration. Furthermore, a siloed service system typically cannot

¹ Information on practical strategies to establishing interagency collaboration can be found on the Australian Research Alliance for Children and Youth (ARACY) website <www.aracy.org.au/index.cfm?pageName=advancing_collaboration_practice>



Australian Government

Australian Institute of Family Studies

Australian Family Relationships Clearinghouse

The Australian Family Relationships Clearinghouse (AFRC) is an information and advisory unit funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. The Clearinghouse aims to enhance family relationships across the lifespan by offering a resource and a point of contact for providers of family relationship and support services, policy makers and members of the research and broader communities. The Clearinghouse collects, synthesises and disseminates information on family relationships and facilitates networking and information exchange.

Contents

Introduction	1
What is collaboration?	2
What does collaboration look like?	3
Why and when is interagency collaboration needed?	4
Supporting interagency collaborations	7
Discussion	8
References	8

The authors

At the time of writing **Myfanwy McDonald** was the Coordinator of the Communities and Families Clearinghouse Australia.

Kate Rosier is a Research Officer in the Communities and Families Clearinghouse Australia

Acknowledgements

Special thanks for Jennifer Pidgeon (ARACY), Sharnee Moore and Elly Robinson for ideas, comments and suggestions.

Editor: Elly Robinson, Manager, Australian Family Relationships Clearinghouse

Edited by: Lauren Di Salvia

© Commonwealth of Australia 2011

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the Australian Institute of Family Studies, Level 20, 485 La Trobe Street, Melbourne VIC 3000.

The Australian Institute of Family Studies is committed to the creation and dissemination of research-based information on family functioning and wellbeing. Views expressed in its publications are those of individual authors and may not reflect those of the Australian Institute of Family Studies or the Australian Government.

Australian Institute of Family Studies
Level 20, 485 La Trobe Street, Melbourne VIC 3000 Australia
Phone: (03) 9214 7888 Fax: (03) 9214 7839
Email: <afr@aiifs.gov.au>
Internet: <www.aiifs.gov.au>

ISSN 1834-2434 (Online)
ISBN 978-1-921414-77-0

meet the needs of families with multiple and complex problems as effectively as agencies that work in collaboration.

What is collaboration?

Although the terms are sometimes used interchangeably, collaboration is distinct from cooperation and coordination (ARACY, 2009). On a continuum of partnership models, collaboration is the most intense (ARACY, 2009) (see Figure 1), involving a higher level of:

- interdependence;
- risk and reward; and
- contribution and commitment.

In comparison to cooperative and coordinated approaches, collaboration requires participants to challenge “business as usual” (i.e., thoughts, behaviours and ways of operating). Collaboration stops short, however, of integration, that is, a complete merging of services to form a new entity (Moore, 2010).²

Collaboration is not merely a mechanism (i.e., the mechanism by which information is shared); it is a state of mind that requires professionals to challenge their usual thoughts, behaviours and ways of operating (ARACY, 2009). As such, it is often described as a “cultural change”:

Cultural change is taking place ... The community is more cohesive, not as segmented. We're all working together ... [Service providers in the area] are all working towards a common purpose. (Flaxman, Muir, & Oprea, 2009, p. 13)

At the heart of collaboration are relationships, “the personal bonds or ‘connections’ that are established and maintained by people and organisations participating in the collaboration” (ARACY, 2010a, p. 1). The quality of a

2 When considering collaboration between Commonwealth family relationship services and state based child protection services, White and Wookey (2009) claimed that full integration of these services would be “costly and perhaps unnecessary” as many improvements could be achieved via collaboration (p. 7).

Figure 1: The collaboration continuum



Based upon ARACY, 2009.

collaborative relationship is dependent upon three primary factors: trust, reciprocity and mutuality (ARACY, 2010a).

Collaboration can be a very challenging process precisely because it is a highly intense way of working—requiring new ways of thinking, behaviour and ways of operating. Due to the fact that collaboration is often confused with cooperation and coordination, it is important that all stakeholders involved in collaboration have a shared understanding of the concept of collaboration. This is especially important when stakeholders are coming from a range of different sectors (e.g., non-government organisations and government) as the understanding of collaboration in one sector may be quite different from the understanding in another.

What does collaboration look like?

ARACY describes some of the key characteristics of collaboration which provide a good overview of what collaboration between agencies might look like:

- *Dense, interdependent connections*: collaborative approaches require participants to develop interdependent connections with multiple partners rather than remaining isolated in “silos” (ARACY, 2009).
- *Frequent communication*: cooperative and coordinated approaches are characterised by tacit or structured communication flows respectively; collaborative relationships rely upon frequent communication between agencies (ARACY, 2009).
- *Tactical information sharing*: a cooperative approach involves ad hoc communication between parties and a coordinated approach involves structured communications (e.g, project-based information sharing) whereas collaborative approach involves the sharing of information in a strategic way (ARACY, 2009).
- *Pooled, collective resources*: in a collaborative relationship participating agencies pool their resources in order to achieve their shared goals. For example, agencies may pool their funds to implement a program that, alone, they could not afford (see for example ARACY, 2010b).
- *Negotiated shared goals*: sustainable collaborations require participating agencies to adopt a shared vision and commit to collective goals (ARACY, 2010a).
- *Shared power between organisations*: in a collaborative relationship participating agencies need to “step back and let go” of their individual agendas (ARACY, 2010a). Trust is a critical aspect of this process (ARACY, 2010a).

Interagency collaborative activities could include:

- cross-training of staff;
- multi-agency working groups;
- common financial arrangements (e.g., cost-sharing of services);
- sharing administrative data; and
- joint case management.

Collaboration between agencies may also involve service users (e.g., parents and children). In a report on increasing collaboration between state and Commonwealth service systems to protect vulnerable children, Winkworth and Healy (2009) claimed that a “genuine” collaboration will involve parents and children and that parents and children are “essential partners in any effective collaboration” (p. 13).

It is important to clarify, however, what role service users will play in the collaboration. They can function as a source of information for the collaboration in order to support collaborative decision-making or they can be part of the collaboration itself, for example, by participating in collaboration committees and meetings (El Ansari & Phillips, 2011).³ In the latter case, service users’ participation in an interagency collaboration could be part of a strategy to increase community capacity, social capital and community empowerment (El Ansari & Phillips, 2011).

Why and when is interagency collaboration needed?

There appears to be conflicting opinions about whether collaboration is always preferable to a single agency approach. The current ideological environment, which Dowling, Powell, and Glendinning (2004) described as “uncritically pro-collaboration” (p. 310), implies that collaboration is preferable to a single agency approach regardless of the circumstances. However, Bruner (1991) argued “some services can and should be provided through a single agency without the need for cross-agency collaboration” (Question #9, para 2). Bruner did not specify which services can be provided through a single agency, stating only that services can and should be provided without cross-agency collaboration when they can act more effectively alone, arguing that “collaboration can waste time” and use up resources without improving children’s lives (Question #9, para 1). Bruner’s viewpoint seems to simply be that cross-agency collaboration is preferable if the collaboration functions effectively.

Huxham and Vangen (2004), in an article about collaborative management, concluded that “unless potential for real collaborative advantage is clear, it is generally best, if there is a choice, to avoid collaboration” (p. 200). They also noted, however, that sometimes the advantages of collaboration come in “non-obvious forms”, such as the development of a relationship with a partner.

Regardless of the conflicting viewpoints about whether collaboration is always preferable, there are two specific situations where collaboration is viewed as most effective and appropriate. Firstly, collaboration is viewed as especially important for problems that “fall into the ... domains between organisations” such as homelessness and poverty (Huxham, 1996, p. 239). These problems cannot be solved by an organisation working alone because of their inherent complexity (Huxham, 1996).

3 The International Association for Public Participation have established a ‘Spectrum of Public Participation’ that provides a continuum of participation, with each level having a different goal and “promise to the public.” This spectrum provides information about how service users could be involved in any decision-making process, see <www.iap2.org/displaycommon.cfm?an=5>

Box 1: What are the benefits and risks of involving families in interagency collaborations?

The current literature suggests that parents and children can benefit from collaboration via increased self-confidence, skills and knowledge (El Ansari et al., 2011). It can also enable them to take up opportunities previously not available to them (El Ansari et al., 2011).*

Aside from benefiting parents and children, the involvement of service users in collaborations and partnerships has also been theorised as adding to the effectiveness of the collaboration as a whole. For example, El Ansari et al. (2011) noted that the involvement of parents and children in collaborations brings “local knowledge” to the collaboration that can be useful for targeting resources where they will be most effective. The involvement of parents and children may also enable the better identification of problems (El Ansari et al., 2011) and encourages services to remain focused on what parents and children need (Winkworth & Healy, 2009).

Despite the benefits, involving children and parents in collaborations can be challenging. An evaluation of a health partnership in South Australia involving local council staff and community members demonstrated that one of the difficulties of collaborations involving community members is engaging already marginalised groups in the process. Research has demonstrated that engaging vulnerable and at-risk families in the use of services may be challenging (McDonald, 2010a). The reasons for this are multiple and complex but include factors such as: families cannot get to services because they do not have private transport, the service may be intimidating to families that have no experience of service environments (e.g., recent migrants) and families may not know a service exists or that they are eligible to use it (Carbone, Fraser, Ramburuth, & Nelms, 2004). It is reasonable to assume, therefore, that engaging those families to participate in collaborative work will be equally, if not more, difficult.

Nevertheless, Yeo (1993) argued that successful participation in partnerships should empower those who previously had the least power. Baum, Sanderson, and Jolley (1997) argued that if marginalised groups are involved in partnership work they will require support:

Participation [in partnerships], particularly if it is to involve those who are the least powerful and most marginalised in our society, requires substantial input of resources to support the process of providing people with the resources and skills they require to participate effectively. (p. 131)

Some of the drawbacks that children and parents may face as a result of their involvement in collaboration include frustration with the collaborative process. Sitzia, Cotterell, and Richardson (2006) noted, for example, that community members involved in a health partnership in the UK became frustrated with professionals who did not demonstrate a similar level of personal commitment to the task. Issues raised in collaborative discussions can also be emotionally distressing for non-professionals (Sitzia et al., 2006).

The atypical power dynamics within an interagency collaboration (i.e., where professionals and community members have equal “power”) may also be difficult for members to adjust to; however, for professionals working within agencies that utilise a strengths-based or partnership approach to clients it is likely that the adjustment will be easier to make.**

* In this sense, involving children and parents in collaboration reflects the goals of the Australian Government’s Social Inclusion Agenda (Winkworth & Healy, 2009) which emphasises the importance of “being heard” (Australian Social Inclusion Board, 2008; McDonald, 2011).

** Power in itself in collaboration is not necessarily a negative influence. ARACY described the difference between “power over” and “power with/to”. Power over is an adversarial approach that is antithetical to the principles of collaboration. Power with/to involves “tapping into combined intellect, resources, knowledge and persistence [to] provide the power to accomplish things with others” (2011, p. 1).

Secondly, there is general agreement that collaboration between agencies and disciplines is most effective and most appropriate for vulnerable and at-risk families. The reason for this is that these families often have multiple and complex problems that cannot be resolved by a single service provider (Bromfield, Lamont, Parker, & Horsfall, 2010; Penner, cited in Foster-Fishman, Salem, Allen, & Fahrbach, 2001; Tuma, cited in Foster-Fishman et al., 2001).⁴ For example, one family may require assistance with:

- money to live on and somewhere safe to live;
- access to health care;
- information about and advice about parenting;
- practical help in the home (especially when their children are young); and
- accessing child support (when parents are separated).

A service system that functions collaboratively enables these families to more easily access support from multiple service providers. It also enables families to access services in a more seamless way—rather than having to navigate a complex service system without the resources that other families have available to them (e.g., private transport, assistance with child care responsibilities).⁵

In contrast in a siloed service system, individual services may aim to support families but typically the system as a whole fails to effectively support families, especially those with multiple and complex needs. The description Bruner (1991) provided 20 years ago is a reminder of the problems of a siloed service system:

Our current system of delivering services to children and families has been structured within discrete categorical boundaries, usually related to professional disciplines and bureaucratic needs ... It is not uncommon for an apologetic professional to say to a disappointed parent, "I'm sorry, we can't help you. Your child is not handicapped (or poor, neglected or abused, suffering mental illness, disadvantaged, behavior-disordered, or any of a number of other labels)." The irony of this statement is not lost on either the parent or the professional. Both know the child has needs that could be met, yet categorical constraints limit services only to those who meet certain, ultimately inflexible standards labeling them as eligible. (Introduction, para 7)

The best outcome for families involved in a siloed service system is that multiple service providers meet their needs. At worst, these families "fall through the cracks" and do not receive any support (Bruner, 1991).

Collaboration between agencies can help to overcome some of the problems associated with a siloed service system. By sharing knowledge and resources, agencies can provide families with access to services in a more seamless way, with treatment being determined by the needs of the family rather than the nature of the service system. When collaborations involve service users they also facilitate social and civic participation, thereby supporting the Australian Government's Social Inclusion Agenda (Winkworth & Healy, 2009).

4 See the ARACY *Advancing Collaborative Practice* case study series, which provides an example of a collaboration that meets the needs of families with multiple and complex problems: Tresillian-Kathleen York House Partnership (2009) <www.aracy.org.au/publicationDocuments/REP_advancing_collaborative_practice_tresillian_kathleen_york_house_partnership_2009.pdf>

5 The service system that delivers services to children and families in Australia is incredibly complex, involving a range of different disciplines, agencies, organisations and levels of government. In the past the separate sections of this system have largely operated independently of each other, in what have been described as "silos".

Supporting interagency collaborations

Collaborations are high intensity, high commitment relationships and as such, require resources and support. In addition to the resource intensity of the collaboration itself, sufficient resources to undertake the administration of the collaboration (e.g., organising meetings, funding to facilitate face-to-face meetings between collaboration stakeholders) are also required (ARACY, 2010c).

One model that has been used in Australia to facilitate collaborations between agencies, and provide resources and support for that process, is the Facilitating Partnership Model. Initiated as part of the Communities for Children (CfC) strand of the former Stronger Families and Communities Strategy (2004–2009), the Facilitating Partnership Model continues as part of the Family Support Program. This model involves a Facilitating Partner (a non-government organisation operating within a local community) that acts in an intermediary position between government and the community sector. One of the Facilitating Partner's roles is to coordinate collaboration opportunities for service providers.

An evaluation of CfC demonstrated that it had led to increased levels of coordination and collaboration between agencies, and the Facilitating Partners were deemed “instrumental” to this process (Muir et al., 2009, p. 24). The Facilitating Partners assisted the agencies to develop transparent and effective consultation and communication processes and help them work through disagreements.

Other research, that looked at the impact of a centralised agency that manages links to various services (Glisson & Hemmelgarn, 1998; Bickman, Noser, & Summerfelt., 1999), has suggested that coordination at the service system level doesn't bring about improved outcomes for vulnerable and at risk children. However, these models differ considerably from the Facilitating Partnership Model in that they do not appear to function in a collaborative way. For example, Glisson and Hemmelgarn (1998) described the introduction of case management teams in public children's service agencies in the United States that seek to improve children's access to services by managing their referral to support agencies, rather than relying upon individual agencies to coordinate this process. These case management teams appear to operate *independently* of front line child service system workers rather than in partnership with them. The “personal bonds and connections” that are at the heart of collaborative relationships do not appear to have been a high priority in the service system changes that Glisson and Hemmelgarn (1998) described.

Bickman et al. (1999) argued that the failure of service system coordination initiatives could be attributed to the fact that service system reforms do not necessarily lead to changes in treatment and clinician–client interactions.⁶ This coincides with research that suggests that effective services are founded as much upon structure as they are upon the ability of practitioners to relate with families (Centre for Community Child Health, 2007). However, there is sound evidence to suggest that the Facilitating Partnership Model did lead to changes in practitioner–client interactions. Moreover, in some communities the achievement of a new way of working was contact with families who had never accessed services before (Flaxman et al., 2009, p. 21–22). In these cases, *establishing* a practitioner–client relationship was evidence of a positive outcome.

6 In fact Glisson and Hemmelgarn (1998) noted that the service coordination teams they focused upon, “were established ... without making any other changes in the existing direct service systems” (p. 405).

Discussion

The increasing expectations upon agencies to work in collaboration with one another is founded upon an acknowledgement that traditional ways of working (e.g., the silo approach) do not meet the needs of many families, especially those families that are vulnerable and at risk, and will not solve the intractable problems that affect them.

Interagency collaboration can increase service use and access, the quality of service provision and enable clients to “be heard”. Nevertheless, collaboration can be challenging for participants because it asks them to question and often adapt their usual ways of working. It is also an intense way of working that requires a high level of commitment.

Involving parents and children in collaboration can bring about benefits for them and for the effectiveness of the collaboration as a whole. However, engaging already marginalised groups in collaborations can be challenging, and tensions may arise between community members and professionals. It is important that support is provided to community members who may not have the resources that are available to professionals to deal with the issues that arise during collaborations.

Key messages

- Collaboration is defined as a: “means of producing something joined and new, from the interactions of people or organisations, their knowledge and resources” (ARACY, 2009). Although the terms are sometimes used interchangeably, collaboration is distinct from cooperation and coordination
- Collaboration is a high intensity, high commitment relationship that requires new ways of thinking, behaving and operating. For this reason, collaboration can be challenging for participants.
- Collaborations are seen as most effective and appropriate in two circumstances. Firstly, to address intractable, “cross-over” problems between agencies such as homelessness and poverty. Secondly, to address the needs of vulnerable and at-risk families who have multiple and complex problems.
- Involving parents and children in interagency collaborations can benefit them through, for example, increased self-confidence. They can also benefit the effectiveness of the collaboration as a whole, for example, by bringing “local knowledge” to the table.
- Employing a central agency to facilitate interagency collaborations can be effective at increasing levels of collaboration between agencies. However, changes in service system coordination are unlikely to bring about improved client outcomes unless they lead to change in professional–client interactions.

Further resources

For additional information about interagency collaboration that is specific to Indigenous communities, please refer to the forthcoming publication by the Closing the Gap Clearinghouse:

Effective Practices for Service Delivery Coordination in Indigenous Communities (Resource Sheet No. 9)
<www.aihw.gov.au/closingthegap/publications/>

References

- Australian Research Alliance for Children and Youth. (2009). *What is collaboration?* (Fact Sheet 1). Retrieved from <[www.aracy.org.au/cmsdocuments/Advancing%20Collaboration%20Practice%20Fact%20Sheet%20one%20\(dated\)%20WEB.PDF](http://www.aracy.org.au/cmsdocuments/Advancing%20Collaboration%20Practice%20Fact%20Sheet%20one%20(dated)%20WEB.PDF)>
- Australian Research Alliance for Children and Youth. (2010a). *Key elements of collaboration* (Fact Sheet 5). Retrieved from <www.aracy.org.au/cmsdocuments/Key%20elements%20of%20collaboration.pdf>
- Australian Research Alliance for Children and Youth. (2010b). *The Cannabis Cohort Research Consortium: A case study of collaboration in a research context* (Collaboration Case Study No. 1). Retrieved from <www.aracy.org.au/cmsdocuments/Collaboration%20Case%20Study%201%20-%20The%20Cannabis%20Cohort%20Research%20Consortium.pdf>
- Australian Research Alliance for Children and Youth. (2010c). *Power and collaboration* (Fact Sheet 13). Retrieved from <www.aracy.org.au/cmsimages/file/ACP%20FS13%20Power%20and%20Collab%2009_061.pdf>
- Australian Social Inclusion Board. (2008). *Principles for social inclusion - everyone's job*. Canberra: Australian Government. Retrieved from <www.deewr.gov.au/Department/SocialInclusion/Documents/SocialInclusionPrinciplesinSummary1.pdf>
- Baum, F., Sanderson, C., & Jolley, G. (1997). Community participation in action: An analysis of the South Australian Health and Social Welfare Councils. *Health Promotion International*, 12(2), 125–134.
- Bickman, L., Noser, K., & Summerfelt, W. T. (1999). Long-term effects of a system of care on children and adolescents. *The Journal of Behavioural Health Services & Research*, 26(2), 185–202.
- Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). *Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems* (NCPC Issues Paper No. 33). Melbourne: National Child Protection Clearinghouse, Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/nch/pubs/issues/issues33/index.html>
- Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services*. Retrieved from <www1.cyfernet.org/prog/comm/98-thinkco.html>
- Carbone, S., Fraser, A., Ramburuth, R., & Nelms, L. (2004). *Breaking Cycles, Building Futures. Promoting inclusion of vulnerable families in antenatal and universal early childhood services: A report on the first three stages of the project*. Melbourne: Brotherhood of St Laurence.
- Centre for Community Child Health. (2007). *Effective community-based services* (Policy Brief No. 6). Melbourne: Centre for Community Child Health. Retrieved from <www.rch.org.au/emplibrary/ccch/PB6_Effective_community_serv.pdf>
- Department of Families, Housing, Community Services and Indigenous Affairs. (FaHCSIA). (2009). *The New Family Support Program: Collaborative Service Delivery – Supporting vulnerable clients*. Retrieved from <www.fahcsia.gov.au/sa/families/progserv/familysupport/Pages/family_support_prog.aspx>
- Dowling, B., Powell, M., & Glendinning, C. (2004). Conceptualising successful partnerships. *Health and Social Care in the Community*, 12(4), 307–317.
- El Ansari, W., & Phillips, C. J. (2011). Interprofessional collaboration: a stakeholder approach to evaluation of voluntary participation in community partnerships. *Journal of Interprofessional Care*, 15(4), 351–368.
- Flaxman, S., Muir, K., & Oprea, I. (2009). *Indigenous families and children: Coordination and provision of services*. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.
- Foster-Fishman, P. G., Salem, D. A., Allen, N. A., & Fahrback, K. (2001). Facilitating interorganizational collaboration: The Contributions of interorganizational alliances. *American Journal of Community Psychology*, 29(6), 875–905.
- Glisson, C., & Hemmelgarn, A. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse & Neglect*, 22(5), 401–421.
- Huxham, C. (1996). Advantage or inertia? Making collaboration work. In R. Paton, G. Clarke, J. Lewis, & P. Quantis (Eds.), *The new management reader* (pp. 238–254). London: Routledge.
- Huxham, C., & Vangen, S. (2004). Doing things collaboratively: Realizing the advantage or succumbing to inertia? *Organizational Dynamics*, 33(2), 190–201.
- McDonald, M. (2010). *Are disadvantaged families hard to reach? Engaging disadvantaged families in child and family services* (CAFCA Practice Sheet). Melbourne: Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/cafca/pubs/sheets/ps/ps1.html>
- McDonald, M. (2011). *What role can child and family services play in enhancing opportunities for parents and families: Exploring the concepts of social exclusion and social inclusion* (CAFCA Practice Sheet). Melbourne: Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/cafca/pubs/sheets/ps/ps7.html>
- Moore, T., & Skinner, A. (2010). *An integrated approach to early childhood development*. Paddington, NSW: The Benevolent Society.

- Muir, K., Katz, I., Purcal, C., Patulny, R., Flaxman, S., Abello, D. et al. (2009). *National Evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009*. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.
- Sitzia, J., Cotterell, P., & Richardson, A. (2006). Interprofessional collaboration with service users in the development of cancer services: The Cancer Partnership Project. *Journal of Interprofessional Care*, 20(1), 60–74.
- White, M., & Wookey, J. (2009). *Victorian Community Linkages Project final report: A model for increased collaboration between commonwealth and state service systems to improve the safety and well-being of vulnerable children*. Melbourne: MW Group Consulting.
- Winkworth, G., & Healy, C. (2009). *The Victorian Community Linkages project: Increasing collaboration between state and Commonwealth service systems to improve the safety and wellbeing of vulnerable children in Frankston–Mornington Peninsula and Wodonga*. Canberra: Institute of Child Protection Studies, Australian Catholic University.
- Yeo, M. (1993). Toward an ethic of empowerment for health promotion. *Health Promotion International*, 8, 225–235.