UNDERSTANDING THE DIFFICULTIES

HINDERING INTER-AGENCY COLLABORATION

FOR STUDENTS WITH SPECIAL NEEDS IN QUEBEC

Sylvie Tétreault, *University of Applied Sciences and Arts*, *Lausanne*,
David Patenaude, *Centre interdisciplinaire de recherche en réadaptation et intégration sociale (CIRRIS)*, Dayna McLaughlin, *Université du Québec à Rimouski (UQAR),*
Andrew Freeman, *Laval University*, Hubert Gascon, *UQAR*, Pauline Beaupré, *UQAR,*
Monique Carrière, *Laval University*, and Pascale Marier Deschênes, *CIRRIS*

In 2003, the government of Quebec established the *Agreement for the Complementarity of Services Between the Health and Social Services Network and the Education Network* to define principles and obligations for inter-agency collaboration aimed at students with special needs and their families. This study documents the perspectives of organisation members from both networks. One hundred eighty-one participants were interviewed regarding their perceptions of inter-agency collaboration and related difficulties. Findings reveal that although network members are committed to collaborate in concordance with the *Agreement*, significant obstacles hinder an effective partnership, including an overall lack of coherence and gaps in the conditions required for an effective partnership, as well as insufficient awareness of the *Agreement.*

Introduction

There is an increasing number of students with special needs, with nearly 163,000

identified in 2010 in the province of Quebec (Ministry of Education, Leisure, and Sports, 2010).

Quebec society adheres to the principles of inclusion, which has become the prevailing model in

the world of education (Winzer & Mazurek, 2011), and promotes learning environments for

students with and without special needs. However, because of the inherent complexity of

rehabilitation services, these environments may require adaptations to provide optimal learning conditions (McLeskey & Waldron 2011; Odom, Buysse, & Soukakou, 2011). Special needs students frequently experience major difficulties in receiving adapted and integrated services that are part of a continuum of interventions. Because schools must fill a wide range of specific requirements, they might not be able to provide adapted services to every student (Webb & Bannor, 2005). These challenges underline the growing necessity of empirical evidence and resources. Also, they highlight the necessity of collaboration between the education network and the health and social services (HSS) network in order to combine the expertise and coordination of children's services (O'Keeffe & McDowell, 2004).

In this context, the Quebec Ministry of Education, Leisure, and Sports (MELS) and the Ministry of Health and Social Services (MHSS) signed the *Agreement for the Complementarity of Services Between the Health and Social Services Network and the Education Network* (2003). This *Agreement* states common principles and obligations for both networks to ensure their complementarity, mostly based on a sound partnership.

Inter-agency policies similar to the *Agreement* are found in other Canadian provinces, such as the *Education and Child and Family Services Protocol for Children and Youth in Care* in Manitoba (Healthy Child Manitoba, 2013) and *A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health* (Ministry of Children and Youth Services, 2006) in Ontario. Other countries have similar policies, such as *Every Child Matters* (Chief Secretary to the Treasury, 2003) in England and *Getting It Right for Every Child* (Scottish Government, 2012) in Scotland, but there is little information about the winning conditions for successful outcomes. In 2002, Mukherjee, Lighfoot, and Sloper highlighted the importance of implementing systems supporting the growing population of students with special needs in mainstream schools.

In 2004, O'Keeffe and McDowell's investigation findings supported the conclusion that professionals in both health and education systems must work together for optimal outcomes. Kerzman and Smith (2004) noted that in order to improve the situation of children with difficulties, greater collaboration is required.

In 2006, Quebec government authorities requested an evaluation of the implementation of the *Agreement* to determine if it had been successful at renewing practices for practitioners and organisations, and if it had positive outcomes for families. A year later, the MSSS and the MELS, through the Fonds Québécois de la Recherche sur la Société et la Culture (FQRSC)'s program of concerted actions, commissioned the research team to evaluate the implementation of the *Agreement*. The study was supported by the FQRSC as well.

Context

Canada is divided into 13 provinces and territories, each one being responsible for the organisation of its education system. Provincial and territorial governments administrate their education networks through local school boards, in accordance with guidelines and regulations from the federal government of Canada (Ministry of Citizenship and Immigration, 2014). The province of Quebec has a public school system for elementary, secondary, college, and university levels, along with a few privately funded institutions (MELS, 2013). The majority of healthcare is also dispensed through a public network of establishments. Since the early 1970s, the Quebec government has promoted an alliance between the education and healthcare networks to improve care for students with special needs (MELS, 2003). Although some specific partnerships have emerged, the networks strive to develop a culture of collaboration. Accordingly, implementation of the 2003 *Agreement* should be a priority for concerned

organisations including schools, rehabilitation centers, and health and social services centers (MELS, 2003). In Quebec, the *Agreement* is the most recent framework guiding coordinated actions for learners with special needs.

According to the *Agreement*, a continuum of integrated services is essential for ensuring a comprehensive, unified response to students' special needs. It must translate in a coordinated, logical, and harmonious system that incorporates integrated services with common objectives for both parties (MELS, 2003). For example, school officials may develop and provide specific measures in collaboration with local health establishments. School staff and health personnel may also devise joint individualised intervention plans to coordinate their respective actions. The complementarity of services not only incorporates educational but also health and well-being elements, including prevention, assistance, adaptation, rehabilitation, and social integration services. The participation of learners with special needs and their families in the process is very important (MELS, 2003). Furthermore, in every region, both networks must facilitate the establishment of communication mechanisms to implement the service continuum (MELS, 2003).

The *Agreement* applies to children with special needs from 5 to 21 years of age and to 4-year-old children living in an economically disadvantaged environment. Six principles guide the policy (MELS, 2003): 1) the child has an active role in his or her development; 2) parents are the primary persons responsible for the development of their child; 3) schools are the predominant living and learning environments for youth; 4) schools are a major component of the community; 5) adapted responses are provided to youths with disabilities; and 6) a continuum of integrated services is developed.

Objectives

The research in this article was part of a larger investigation aiming to evaluate the implementation of the *Agreement*. The *Agreement*'s effects on practice renewal and service organisation in Quebec's education network and in the HSS network are presented. The research project aimed to answer the following global questions: Did the *Agreement* permit the establishment of consultation mechanisms between the different partners? Did it improve the organisation of services as well, particularly for students with special needs and their families? The primary objective was to identify the main emerging difficulties in the implementation of the *Agreement*. Informants also suggested solutions to address these issues. The focus of the current article is the perspective of organisation members, such as health and education personnel and administrators, from both networks regarding the impact of the *Agreement*. Other findings from the larger study will be reported in different articles.

Definition of Collaboration

The foundation of the *Agreement* rests upon a sound partnership. Collaboration between networks to improve the continuity and the complementarity of services for children with disabilities and their families is viewed as ideal in government policies (Wiart et al., 2010). Because of a variety of descriptions for the concept of collaboration, either between individuals, organisations, or networks, it is difficult to reach consensus on a cross-discipline definition (Thomson, Perry, & Miller, 2007).

In the context of the present study, the concept of collaboration refers to working jointly to address a problem; planning, coordinating, and implementing actions; and sharing effort, resources, responsibilities, and decision making powers (Baggs & Schmitt, 1988).

Collaboration also integrates the values of reciprocity and motivation. Several studies represent this concept as part of a continuum that ranges broadly form sharing information to an integrated merger of capabilities (Selden, Sowa, & Sandford, 2006). The continuum often encompasses certain terms such as cooperation and coordination, even if these are commonly used interchangeably despite different possible meanings. These terms refer to different levels of group structure, commitment, and communication (Biddle & Darnall, 2010).

Method

In this study, the research team made a qualitative analysis of institutional stakeholders' experience of collaboration within the *Agreement*. The Institut de réadaptation en déficience physique de Québec (IRDPQ) granted the ethical approval for this research.

Recruitment

Key informants (KI) from 5 of the 16 administrative regions of the province of Quebec were recruited (Lower St. Lawrence, National Capital Region, Chaudière-Appalaches, Montérégie, and Montreal). The choice of those regions is based on population density, the mix of rural and urban areas, and population health. To obtain a representative sample from a variety of agencies, the provincial advisory group (national committee [NC]) that oversees the *Agreement* identified potential participants. Representatives from regional committees (RC) were also interviewed. The main inclusion criteria were the following: working as a professional, a director, or a coordinator within the HSS network; being a professional, a school principal, or a teacher within the education network; being a member of a partner organisation. Key informants initially received an email or fax presenting a description of the research project. They were then

contacted by telephone, and for those who showed interest, a future telephone interview was arranged. Subsequently, they received a letter explaining the project, joined by a consent form and a pre-addressed return envelope.

Participants

One hundred and eighty-one (181) participants were interviewed. Thirty-eight of these individuals were members of the *Agreement*'s provincial or regional consultation committees and 143 comprised a variety of stakeholders (health and social professionals and administrators, school staff and principals, teachers, etc.) from both networks. Table 1 details the occupation of the respondents from both networks.

Table 1

Occupation of Respondents by Ministry

Occupation	Education ($n = 85$)		Health and Social Services ($n = 95$)		Other Ministry ($n = 1$)	
	n	%	*n*	%	*n*	%
Administrators	53	29.3	74	40.9	1	0.6
Stakeholders	32	17.7	21	11.6	–	–

Interviews

The interviews were semi-structured, mostly comprising open-ended questions. Respondents were provided with an interview guide one week prior to the interview, which included five sections: 1) comprehension of the *Agreement*, 2) perception of collaboration between the two networks, 3) modalities facilitating access and circulation of information, 4)

balance between needs and services offered, and 5) difficulties encountered and suggested

solutions. The interviews, which lasted about 45 minutes each, were conducted in French, and

were audio-taped with the consent of participants. The transcripts were anonymized to protect

participants' identities, with a number attributed to each interview. All verbatim extracts

presented in the following sections were translated from French into English and validated by

two research assistants at the Centre for Interdisciplinary Research in Rehabilitation and Social

Integration (CIRRIS).

Analysis

      Content analysis from the interviews was transcribed and compiled using a database

based on the interview guide. The integral account for each interview was validated by two

research assistants and analysed using a thematic content analysis approach, associated with a

categorical grouping of the ideas. A coding scheme was established and enriched throughout data

entry. Categorization was validated by two research assistants. The aim of this exploratory

qualitative research approach was to analyse the statements, perceptions, and opinions of

participants regarding the questions, based on the themes that emerged from the predetermined

codes. As suggested by Miles and Huberman (1991), the condensing, presentation, and

elaboration of the findings followed numerous steps. The analysis began with a *floating* reading

of the transcripts according to the qualitative analysis method of Deslauriers (1991), followed by

a deconstruction and codification of the data in simple units. Subsequently, participants' words

where analysed (inquiring on reactions, intentions, and methods). Finally, a simple statistical

analysis was used for multiple-choice questions with the *Statistical Package for the Social*

Sciences software (SPSS).

Findings

The study findings expose the difficulties hindering healthy collaboration and an effective continuum of services. Four main themes emerged: 1) gaps in practical mechanisms required to collaborate; 2) insufficient commonality between the two networks; 3) inertia from certain individuals or institutions; and 4) general lack of awareness of the *Agreement*.

Gaps in Practical Mechanisms Required to Collaborate

Study participants reported that most of the basic elements for effective collaboration, as described earlier, were missing in the networks and the consultation committees. Practical hindrances obstruct the mechanisms that should be organising the continuum of services.

Perception of additional workload. Participants stated that when the *Agreement* was signed in 2003, it was not accompanied by specific adjustments to facilitate valuable inter-agency meetings and exchanges. They view the application of the *Agreement* as an additional and complex burden, instead of a merger with existing responsibilities and constraints. For respondents, this resulted in poor motivation towards its implementation. According to one school principal, "For me, this is extra work that has been added to my workload, which is already heavy. There may be potential results, but right now, it's extra work for me."

Insufficient time dedicated to implementation. Many participants highlighted the point that most organisation members have hectic and overloaded schedules, making regular inter-agency meetings nearly impossible. They can hardly even attend predefined, available periods scheduled for regular meetings. According to one administrator from the HSS network, "There is a will . . . but sometimes, being available is hard given the amount of work to do." According to another member from the same organisation, "[The major obstacle is] the scheduling of

meetings, scheduling conflicts. . . . We receive requests from everyone, from everywhere. If we can't meet together, the complementarity of our actions is threatened." Incompatible work hours add to scheduling conflicts as obstacles to collaboration. School schedules are perceived as too rigid, making consultations of any kind even harder to plan. As reported by one HSS network member,

> The education network has few resources to release its staff of their teaching duties to participate in training sessions, exchanges or intervention plans. We often propose meetings and they cannot come. It's not that they don't want to: they simply can't. They are very limited in their travels and their schedules, and it greatly interferes with meetings.

Difficulties in sharing common spaces for collaboration. Another obstacle to a strong collaboration is the absence of official and permanent worksites where inter-agency partners can meet. This situation is further complicated by Quebec's geographical reality, with a population of 7,903,001 (Statistics Canada, 2012) unevenly spread across Canada's largest province. Participants highlighted the fact that the coordination of local consultation committees is simpler in urban locations, such as in the metropolitan city of Montreal or the capital city of Quebec. However, major distances in the numerous rural administrative regions of the province cause significant delays and complications before partners can meet. Furthermore, within the organisations, participants mentioned that common places are rarely allocated. In many schools, for example, no private rooms are planned for health workers to deliver services (e.g., administer medication to students). According to one education network member, "Sometimes . . . there is only one office to share in schools. So the psychologist will come on Tuesday and the social worker on Wednesday. There is no overlapping . . . no chance to exchange."

Constant staff turnover. Another pitfall that stemmed from the interviews is a constant staff turnover in the network organisations. This affects the continuity of services and diminishes

the investment of both parents and children. One HSS administrator specified that this occurs at the expense of students who might have benefited from certain projects, had the personnel stayed long enough to follow their progress: for example, "We started a process concerning the service plans, but because of . . . all the staff turnover, the changes in the personnel, especially in school principals, it fell through."

Moreover, respondents perceived this constant instability as compromising the consultations and weakening the links between partners, thus interrupting the implementation of the *Agreement*. According to one HSS administrator, "There are too many new actors who do not understand how things work. We have to return to the basics and repeat the information."

Orientation for newcomers from the MELS and the significant delays it causes also hampers collaboration efforts. As reported by a member of the education network, "Once again, I have a new boss settling in. The time to process everything, all this partnership, even for administrators, is a lot to take in."

Insufficient resources dedicated to the Agreement. The study also found that another obstacle to the implementation of the *Agreement* is the absence of dedicated resources. Stakeholders stated that they did not receive extra funding to support collaboration, although inter-agency projects are considerably expensive in terms of financial and human resources. Participants indicated that even if an agreement is reached between stakeholders, there is often no budget to accomplish the identified tasks. This limits travel opportunities for administrators in distant regions and collaboration with the education network therefore remains local, which limits their participation. At times, the networks may not even be able to provide necessary services, as indicated by the following HSS administrator:

> Everyone has the will, but there is not as much money as there was in the last years to develop the services. We need to be creative, or to set clear limits, and be capable of saying "We can't offer that service to this parent."

Another respondent mentioned the impossibility for partners to extend their mission as required: "A difficulty in the offer of services is the lack of financial resources to prolong our mission, when it would be required to respond to a child's need."

Issues with communication. The study revealed that communications between the networks have several flaws. Participants blamed this issue mainly on confidentiality concerns, reluctance to share mandates, inadequate transmission of information, and low parental involvement. This situation results in considerable tension between network organisations and limits an efficient collaboration, as detailed below.

Complications due to confidentiality obligations. Legislation covering confidentiality does not impose identical obligations across networks. Quebec's HSS Law as well as professional codes of ethics are much more restrictive than the provincial Education Act and the Policy on Special Education Needs. Therefore, communication becomes a sensitive matter and often generates frustration among stakeholders, who may perceive reluctance or inability to share information as a lack of trust. According to the following education network participant, this situation discourages inter-agency collaboration:

> Often, they won't tell us anything, it's always a matter of confidentiality and ethics. I thought the objective was to bring people together and to work as a team. When no one shares anything because of confidentiality, everything has to be started over. With all this, the information is not known to all and services are reduced.

Reluctance to share mandates. Members of both networks expressed difficulties when asked to share mandates when stakeholders did not hold specific responsibilities for inter-agency

collaboration. There is reluctance toward sharing tasks and information between partner organisations. Each has a specific view of their expertise, resulting in professional misconceptions and a sense of doubling services between establishments. One member of the national consultation committee illustrates this:

> The rehabilitation center believes that it has the knowledge and skills to provide services, without the school board interfering in its business. The school board believes that, education-wise, it has the knowledge, skills and staff to provide school services, without necessarily needing a speech therapist from a rehabilitation center for students with one difficulty or another.

Inadequate transmission of information. The study found that transmitting information to partners can be difficult, because there is no formal mechanism to facilitate inter-agency communication. This situation complicates any form of exchange. According to one education network member, "The structures do not communicate. . . . With the different networks, schools and rehabilitation centers, there is always this so-called communication process to deal with."

Uncertain parental involvement. Participants mentioned that differing opinions about the role of parents in decision-making and services also hinder efficient communication. Parental involvement is seen by some as inconvenient and is at times disregarded. One professional from the HSS network reported, "For me, the implication of parents in decisions really is only in theory. Parents and students, in my opinion, do not take part in the decisions involving the two networks. . . . We take very few decisions together."

One participant from the education network considered parental involvement more appropriate in HSS organisations. In his opinion, parents should only participate in the development of personalised education plans when HSS workers require it. According to him, personnel in education establishments "use thousands of tricks to keep [parents] at a distance."

Low parental involvement in the collaboration process deprives the networks of valuable information and additional support. Furthermore, it contradicts the very principles behind the *Agreement*, in which parents are the primary caretakers of their children.

Insufficient Commonality Between the Networks

The *Agreement* consultation committees and networks must work from their common characteristics to better ensure the complementarity of their services (MELS, 2003). However, in reality, the networks are very different systems, with few similarities. According to the participants, these differences impede the development of inter-agency collaboration. They mentioned the cause as being either a lack of uniformity or insufficient knowledge about their partner network.

Antagonistic cultural approaches. Participants lamented that there is a lack of uniformity between the networks. Each has its own system with its specific organisational model, tools, cultural approaches, and territorial realities. Disparate administrative procedures make any action to overcome these inconsistencies very complex. Respondents indicated that between networks or within the same organisation, difficult interactions caused by different cultural approaches and territorial realities sometimes delay services.

Participants viewed contrasting terminology, distinctive organisations of power, and dissimilar methods for diagnosing and recognizing disorders as predominant factors complicating the implementation of the *Agreement*. Each network uses different terms to identify and describe common elements, which limits effective communication. Participants affirmed that it causes misunderstandings and miscommunication within the ministries and among partners in the field. For example, one stakeholder explained that, although very similar, *school intervention*

plans, which are used in the education network, and *individualised intervention plans*, which are commonly used in HSS organisations, can lead to confusion when collaborating on a joint intervention plan for a student.

The networks use different decision-making systems and levels of accountability. Because every action, resource, opportunity, and service flows directly from the hierarchical system of decision-making power (provincial, regional, local), these differences represent a key obstacle, according to the participants. When personnel send requests for approval to provide services for a child, there are significant complications and delays before the final decision. Participants felt that the initiatives of the networks are therefore considerably restrained.

HSS network participants criticized the structure of the education network, especially the high number of administrators. They found it difficult to determine whom to contact and how, which causes further delays before providing services. One administrator reported, "The structures have very fragile spines. The school boards, as much as the HSS centers, are so massive, that you end up getting confused with the organisation of authority, with the leadership."

Quebec's education network gives significant independence to the local school boards, which are even sometimes described by participants as being independent. The organisation of services is heterogeneous across school boards, and schools (e.g., management of the budget, services offered). This type of autonomy does not apply to members of the HSS network, as illustrated by one of its members:

> The regional education office doesn't have the same powers as the HSS
> agency. . . . When the agency says "We're heading in this direction,"
> everyone follows. However . . . the school boards have sufficient autonomy
> not to follow those demands.

Similarly, in Quebec, school boards and school principals benefit from considerably greater freedom when organising their complementary educational services (mostly designed for students with special needs). Participants mentioned that there are no official operational policies from the MELS, meaning that schools arbitrarily determine budgets for specific services. A rehabilitation center administrator criticizes this situation:

> There are budgets sent to schools . . . but that budget is globally managed. So if a child needs a speech therapist, but the school decides that, this year, the funds will be used for, let's say, special education, the child won't have a follow-up in speech therapy.

On the other hand, participants reminded that the agencies supervising the HSS centers of the province are responsible for the implementation of services in their assigned region and must adhere to certain guidelines. The latter are seen as necessary to clarify and present services to the population.

To access services in the HSS network, a professional must evaluate or diagnose a child. Similarly, in the education network, children must be labeled to receive services. This is mandatory for the allocation of financial resources by the MELS. Stakeholders mentioned that these administrative procedures can delay access to information and resources. One member of the education network reports,

> The problem is the delays, which are sometimes long. We'd like to have the information quickly and it's difficult. With the MELS, we have deadlines for transmitting information on a child's code. We need medical documentation and it's difficult to forward it all. . . . It slows the process and in the end, we're not the ones being penalized, the children are.

Often, the length of waiting lists for students in need and the lack of specialized services in schools represent significant obstacles. Importantly, participants stated that the education network does not always recognize a diagnosis or evaluation from the HSS network.

This complicates the identification of a common trajectory to maximize the access to resources and possible benefits. Furthermore, some disorders are recognized by the HSS network but not by the education network. For example, a participant explained that a mild intellectual disability or a behaviour disorder (except if severe) is acknowledged by the MHSS, but not by the MELS. This means that students with either one of these disorders will not have access to additional educational funds, even if they encounter major problems and difficulties throughout their schooling.

Heterogeneous territorial realities. Administrative territorial divisions between service populations and resources are incongruous in Quebec. The HSS network is divided into 18 administrative regions that are managed by regional authorities (HSS agencies). The education network is coordinated by 11 MELS regional offices. Their respective territorial boundaries rarely coincide, which greatly complicates administrative procedures, as well as communications and the continuity of services. According to one participant from the regional *Agreement* consultation committee,

> One of the difficulties we had here in the region was the establishment of certain local committees. There are territories where it went very, very well, and others where it was more difficult. Among other things, what I think isn't helping is when a territory has two HSS centers and one school board. The time required from the people in the education network, they need to attend meetings with both centers. . . . It is demanding and after a while, it dampens the spirits.

Insufficient knowledge about the functioning of the networks. Limited information about their partners creates distance between the networks. Among personnel and administrators in ministries and their affiliated networks, there are significant gaps in the awareness of current initiatives, services, and responsibilities of partner organisations. One regional consultation committee highlighted this lack of awareness from one committee to the other: "I don't feel

concerned about the local committees, so I don't have any idea of what goes on there. Do they

have an action plan? How is it going? . . . There is no feedback on that subject." Another

provincial consultation committee participant shared his perception:

> In the provincial committees, it is very difficult to have an overall picture,
> aside from reports; we don't exactly know what is happening and how it is
> going on. . . . We would need to know more about their direct impact.

This insufficient knowledge also prevents organisation members from obtaining help

and services from their affiliated partners. One school principal reported that he feels helpless

and cannot inform parents about the services offered by the HSS network: "I wouldn't be able to

inform a parent on what a HSS center could offer. I don't even have flyers."

Inertia From Certain Individuals and Institutions

In provincial, regional, and local *Agreement* consultation committees, a passive

approach among certain individuals hinders the implementation of the *Agreement*. Participants

felt that this inertia results in a dearth of leadership throughout the organisations and affects the

comprehension of the *Agreement*. They mention a feeling of under-investment that impedes the

complementarity of services. According to one member of the provincial consultation

committee, "I feel that there is a lack of leadership, because I don't get the impression that the

regional committee plays a major role in the organisation of services."

Insufficient leadership. According to the participants, insufficient leadership results in

frequent shifting of responsibilities, inefficient committees, and palpable demotivation among

stakeholders. Within the organisations, it seems that no individuals are willing to assume

leadership and be accountable for organizing and coordinating inter-agency collaboration.

Participants explain this situation mainly because of the extra work and inconveniences involved.

The struggle for leadership and the lack of coherence and support create a general stagnation of the collaboration. As reported by the following consultation committee participant, "There are a lot of exchanges and meetings, but we only share information. There are few precise and concrete action plans that are made on the local committees." As a consequence, no person or organisation is responsible for monitoring individual and inter-agency service plans.

Insufficient clarity within the agreement. Participants complained that there is considerable ambiguity concerning guidelines and protocols within the *Agreement*, and that the different roles, responsibilities, and assignments of all parties are not clearly defined. This is especially true for the education network. As a consequence, collaboration and organisation of services are greatly complicated by this lack of precision. The vague connections between different levels of services as well as the presence of multiple grey areas are said to cause the duplication of services. One member of the provincial agreement committee notes,

> The *Agreement* is too vague on the roles and responsibilities and the actions that the stakeholders must initiate. Psychologists in the education network and the HSS network have very imprecise [roles], which often leads to ping-pong games. . . . There is an incredible waste of time in the offered services, and who pay the price? The children!

The provincial *Agreement* consultation committee does not appear to provide concrete measures, objectives, or tools. Participants thought that provincial committees did not provide enough precision about its mandate, creating even more confusion about the *Agreement*. According to one rehabilitation center administrator, "I really think that, more or less, the *Agreement* is still very much theoretical and it hasn't developed anything concrete like mechanisms, systems, written clarifications, guidelines. . . . It takes a lot of time before tangible changes can happen."

At the regional level, several individuals declared that they did not feel listened to and that the messages they received were unclear and imprecise. At the local level, personnel mentioned that they rarely received any updates or modifications by administrators. According to one HSS participant, "There's something being done, I think, in the administration level, but it never reaches us on the field. Something's been overlooked in the implementation of services."

General Lack of Awareness of the Agreement

Almost ten years after the signing of the *Agreement*, its principles, commitments, objectives, and responsibilities often seem unknown, disregarded, or poorly implemented among both service providers and recipients.

Insufficient familiarity with the Agreement by network members. Participants were under the impression that organisation members from both networks only have a vague knowledge of the *Agreement*, adding to the confusion on its implementation. According to members of the provincial consultation committee, the information transmitted from the government to the networks is insufficient, especially in the education sector. From this situation appears to stem the unfamiliarity of the networks and the inadequate implementation of the *Agreement* in the very foundation of a possible collaboration.

Insufficient public awareness of the Agreement. According to the participants, the population of Quebec does not seem to be informed about the *Agreement*. For those who are interested in collaboration and somewhat aware of the offered services, receiving new information or updates is difficult and infrequent. This gap not only concerns the *Agreement* itself, but also the structure and the division of multiple tasks on the many *Agreement* consultation committees. The latter remains intricate and there are no measures set up to keep

parents informed. According to one member of the provincial committee, "We should promote the regional and local committees more, to let people know they exist. . . . There is a lack of awareness of the existing structures." One participant from a school administration added, "Parents need to make the link, to make sure that the appointments are set. Some children could have the same service, but because the parents don't know about it, they won't receive it." Also, participants mentioned that disparities in the dissemination of information lead to variable degrees of knowledge across regions. The transfer of information differs greatly from one region to another, with little or no consistency in the sharing of information. Table 2 (below, p. 22) summarizes the difficulties encountered during the implementation of the *Agreement*.

Discussion

This investigation explored the perceptions of organisation members from both the MSSS and MELS regarding collaboration. While significant difficulties were identified, it must be acknowledged these are likely not unique to the HSS and education institutions in Quebec. In her analysis of a similar cross-network policy in the United Kingdom, Cheminais (2009) also noted that poor sharing of information across partner agencies, uncoordinated activities, and the absence of accountability were part of the obstacles weakening multi-agency partnership. The implementation of the objectives of the *Agreement* can be characterized by what Huxham (2003) defines as "collaborative inertia," which is the failure to secure positive outcomes in a multi-agency partnership. Other studies have also highlighted key difficulties hampering cross-network collaboration (Kerzman & Smith, 2004; Mukherjee et al., 2002; O'Keeffe & McDowell, 2004). In light of these similar findings, the obstacles hindering the implementation of the *Agreement* are not specific to this policy, and are frequently met in other, if not most, cross-agency

Table 2

Summary of the Main Difficulties in the Implementation of the Agreement

Main Difficulties	Specific Difficulties
Gaps in practical modalities required to collaborate	Perception of additional workload
	Insufficient time dedicated to implementation
	Difficulties in sharing common spaces for collaboration
	Constant staff turnover
	Insufficient resources dedicated to the *Agreement*
	Issues with communication
	Complications due to confidentiality obligations
	Reluctance to share mandates
	Inadequate transmission of information
	Insufficient parental involvement
Insufficient commonality between the two networks	Antagonistic cultural approaches
	Heterogeneous territorial realities
	Insufficient knowledge about the functioning of the networks
Inertia from certain individuals and institutions	Insufficient leadership
	Insufficient clarity within the *Agreement*
General lack of awareness of the *Agreement*	Insufficient familiarity with the *Agreement* by network members
	Insufficient public awareness of the *Agreement*

initiatives that have been examined to date. Wiart et al. (2010) reported the need to understand dissimilar work methods within different ministries in order to improve the continuity of services for children with disabilities and their families. Coordinating actions with partners does not necessarily come naturally to professionals; extra efforts appear necessary to provide cohesive services that respond to the complex needs of students with disabilities. Gallagher, Malone, and Ladner (2009) concluded that understanding and overcoming the barriers existing between organisations is highly important for increasing the effectiveness of team practices.

Limitations of the Study

During the realisation of this investigation, limited awareness of the *Agreement* and of existing service agreements by organisations from both networks made the use of a scientific approach challenging. Recruiting participants from the two networks was arduous because of their heavy workload and schedule. Gaining access to resource persons in rural regions of Quebec represented an important difficulty as well, mainly because of frequent personnel changes.

The investigation was realised at a time when the education and HSS networks were undergoing transformations and reforms. This context led to numerous internal changes in each network, interfering with the implementation and benefits of the *Agreement*. Many participants appeared to link these modifications with direct consequences associated with the *Agreement*.

Conclusion

A multitude of means needs to be applied and closely monitored in order for collaboration between the HSS and the education networks to function. Despite considerable

efforts in recent years, the challenge of working together remains. The study has revealed the presence of multiple gaps in the conditions necessary for effective collaboration, the insufficient commonality between the two networks, the inertia of certain individuals, and the general unawareness of the *Agreement*, which complicate the creation of an effective partnership.

The province of Quebec has invested considerable energy in its efforts to support persons with disabilities. Although the *Agreement* has the potential to positively benefit many individuals, its implementation has not yet been sufficiently formalized and often remains either unknown, neglected, or misunderstood. It does, however, illustrate how such an arrangement between organisational structures in a jurisdiction can become cornerstones of better care for special needs students and their families.

After a thorough analysis of the difficulties impeding the implementation of the *Agreement*, some major recommendations have emerged. To clarify comprehension and standardize the implementation of the *Agreement*, it is recommended that the MHSS and the MELS clearly communicate their priorities and recommendations regarding services offered to students with special needs. A formal communication plan about the *Agreement* should be developed, and include objectives, principles, and expected results, as well as outreach and training activities. Furthermore, good collaborative practices should be listed, diffused, and used between both networks.

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