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Addressing Wicked Educational Problems through Inter-Sectoral Policy Development: Lessons from Manitoba's Healthy Child Initiative

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Abstract In 2000, the Government of Manitoba initiated an inter-sectoral policy strategy referred to as Healthy Child Manitoba. This article reports on a research project that studied the success and challenges of this horizontal policy strategy. The research suggests that while this policy approach—which places education within the broader context of a *healthy child*—warrants attention, the day-to-day operationalization of the policy strategy remains difficult. Using a horizontal approach to improve educational outcomes by breaking down the *silo effect* of traditional government departments appears to be important, but working effectively across sectors requires overcoming a number of barriers, including the need for the horizontal approach to co-exist within a well-delineated vertical governmental machinery.

Keywords Wicked problems; Policy networks; Horizontal policymaking

Introduction

Governmental administrations throughout the world are undertaking diverse initiatives to address the increasing level of uncertainty, volatility, and unpredictability that currently characterize the policymaking process. Public institutions are now called upon to consider problems and challenges that have, according to many observers, scholars, and political scientists, a higher level of interrelatedness and com-

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plexity (Bourgon, 2011). Consistent with this perspective, Donald Savoie (2003) states that "policy issues no longer respect boundaries" (p. 214), suggesting that it is increasingly difficult to consider problems in isolation from one another.

Moreover, as governmental policy initiatives are becoming increasingly intertwined with activities conducted by multiple external influential actors, governments are becoming more dependent on these actors to achieve their mandates (Klijn, 2008). Predominantly government-centric views of policymaking are becoming a tradition of the past. The development of networking capacities to facilitate the building of relationships across policy actors is consequently becoming critically important in a policy environment where trust, negotiation skills, flexibility, collegiality, and the ability to give and take represent increasingly important habits of mind for any policy actors. This applies to all sectors of policy activities within and without government, but most certainly in the health and education sectors.

"Wicked problems" are difficult to clearly define, have many interdependencies, are often multi-causal and socially complex, and hardly ever sit conveniently within the responsibility of any one organization (Australian Public Service Commission, 2007; Rittel & Webber, 1973). For these reasons, they require a coordinated response by a number of governmental and non-governmental actors, through more horizontal collaborative processes. There is indeed a growing need for public institutions to respond to increasingly horizontal and multifaceted problems, which often also have conflicting values (Kickert, Klijn, & Koppenjan, 1997; Sørensen & Torfing, 2008). Erik-Hans Klijn (2008) suggests that the "trend towards various forms of horizontal governance will ultimately transform nations into network societies in which interdependence and horizontal relations are paramount" (p. 506). Jocelyne Bourgon (2011) supports this notion and suggests that achieving public results through policymaking can progressively be done through the participation of multiple actors. Accordingly, she suggests that in government, hierarchy and networks are called upon to coexist. This type of approach cannot, however, take place without challenges.

These notions are relevant and applicable to Canadian provincial educational policies committed to pursuing complex equity goals and the ideal of "success for every student" (Manitoba Education and Advanced Learning, 2015). The success of children in schools is affected by multiple external social factors, agencies, and institutions, which also have an influence on the development of the child. In this context, Karen Seashore Louis, Kenneth Leithwood, Kyla Wahlstrom, and Stephen Anderson (2010) suggest that all the activities conducted in schools, representing all school variables, only account for 12 to 20 percent of the variation in student achievement across schools. The holistic development and growth of children, therefore, depends on a variety of variables and on the coordinated actions and intervention of multiples actors, including parents, families, communities, and schools, as well as private and public institutions.

Education and Healthy Child Manitoba

In the year 2000, the Government of Manitoba implemented a horizontal policy strategy referred to as Healthy Child Manitoba. This horizontal and cross-depart-

mental strategy drew education into a policy network environment focused on the holistic development of children from preconception to age 18, particularly the well-being of vulnerable children, including those living in poverty (Healthy Child Manitoba, 2012). The strategy was designed to have an influence on the development of children and to also affect their success in schools while addressing several factors located inside and outside of schools. Its main purpose is to improve the well-being of all children.

While Healthy Child was not a policy strategy specifically designed to address the problem of inequity in society, it was argued that from a macro-level perspective, poverty and ensuring learning success to all students represent two interrelated fundamentally wicked problems, which the horizontal and collaborative strategy was intended to address. It is important to note that Healthy Child was not an anti-poverty strategy or, *per se*, an education-specific policy. Rather, it was an approach designed to break the barriers typically existing between sectors and departments to best coordinate the provision of support toward the healthy development of children.

This article reports on the findings of a research study that analyzed the Healthy Child Manitoba policy strategy from an educational perspective, using it as a case study to examine the perceived benefits and challenges of horizontal policymaking involving the education sector. The central question examined in this study was: how has the Healthy Child Manitoba policy strategy evolved over time as an intersectoral policy strategy, and what were the benefits and challenges perceived by key policy actors as it relates to the field of education?

More specifically, the study addresses the following three sub-questions:

1. What were the origins of the Healthy Child Manitoba policy strategy, how has this policy approach evolved over time, and how has it related to the field of education?
2. Who were the public and non-public policy actors involved in the Healthy Child Manitoba policy strategy, what role did they play, and how did they interact with one another?
3. How was the Healthy Child Manitoba policy strategy being perceived and understood by educational policy actors in terms of challenges and benefits?

The article first presents a brief description of the Healthy Child Manitoba policy network, followed by a description of the main findings of the research that primarily highlight the perceived benefits and pitfalls of the horizontal policy approach in relation to the third sub-question. The article concludes with an examination of the implications of this research for the field of Canadian educational administration.

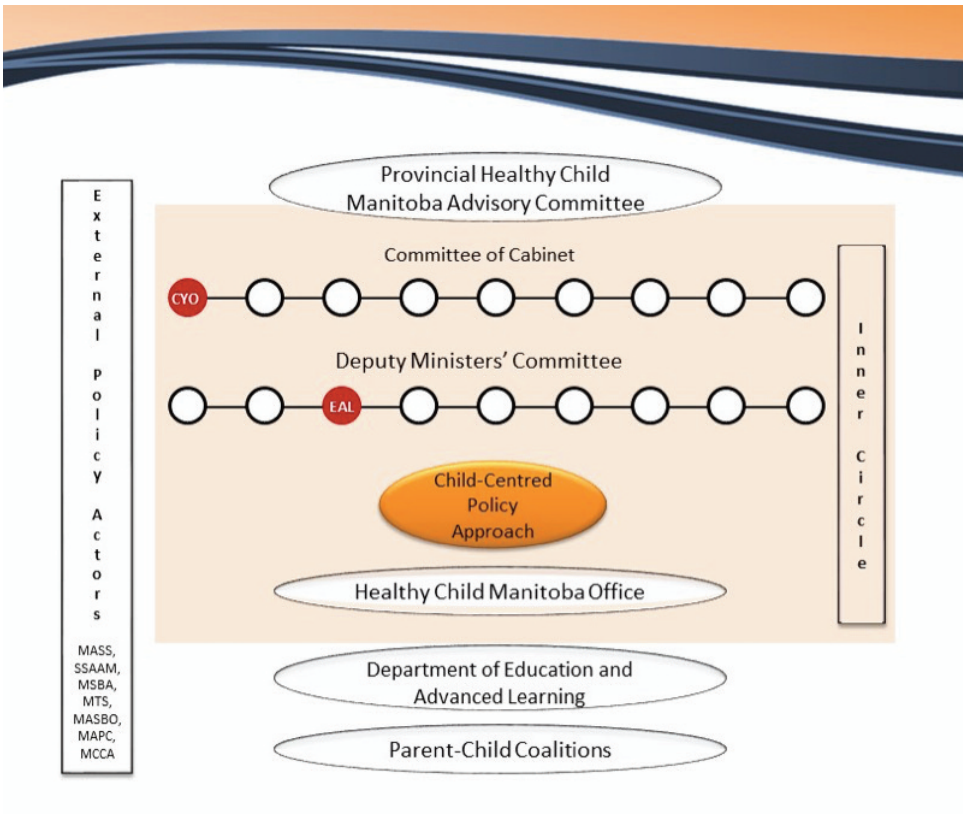
Description of the Healthy Child Manitoba policy network

In the context of this research, the policy strategy, through the actions of a number of governmental and non-governmental policy actors, was considered as taking place in a network environment, i.e., a policy network. Accordingly, the respective roles of public and non-public policy actors, as well as their interactions with one another, were examined through a theoretical framework focusing on the notion of *policy net-*

work (Börzel, 1998). This concept was used as a lens to examine how the policymaking process takes place within the complex and multilayered policy environment.

The following figure provides a visual representation of the organization of the Healthy Child policy network as it was structured in 2015 and identifies the main policy actors considered for the purpose of this research.

Figure 1. The Healthy Child Manitoba network



Notes: CYO: Department of Children and Youth Opportunities; EAL: Department of Education and Advanced Learning; MASS: Manitoba Association of School Superintendents; SSAAM: Student Services Administrators Association of Manitoba; MSBA: Manitoba School Boards Association; MTS: Manitoba Teachers' Society; MASBO: Manitoba Association of School Business Officials; MAPC: Manitoba Association of Parent Councils; MCCA: Manitoba Child Care Association

A Committee of Cabinet led the policy strategy. The first row of nine circles (see Figure 1) represents the groups of nine ministers involved in this committee and illustrates the cross-departmental nature of the strategy. The Children and Youth Opportunities (CYO) circle highlights the position of the minister responsible for chairing the committee and accountable for the policy initiative. The second row of circles represents the Committee of Deputy Ministers. The Education and Advanced Learning (EAL) circle highlights the position of the deputy minister responsible for chairing this committee. The Healthy Child Manitoba Office (HCMO), located under the Committee of Deputy Ministers, was primarily responsible for supporting the work of the two committees. The EAL departmental bureaucrats were located underneath the HCMO. For the purpose of this visual representation, only the staff from this department were considered given the educational focus of the study. The parent-child coalitions[1] were located at the bottom of the diagram. The Provincial Healthy Child Manitoba Advisory Committee was located at the top of the diagram to illustrate how, in principle, this advisory body was responsible for guiding and

influencing the policy strategy. The influence of the external policy actors was illustrated with the rectangle located on the left side of the diagram and primarily representing the educations stakeholders consulted for the purpose of the study. The main locus of the cross-sectoral strategy was represented with the oval located at the centre of the diagram. The shaded area highlights the structures of the network considered as the network *inner circle*, as noted on the right side of the diagram.

The use of the expression "policy network *inner circle*" emerged from this study and was used to describe one central dimension of the Healthy Child Manitoba policy network. The inner circle refers to the group of internal elected and non-elected policy actors who benefitted from a privileged influential role in the policymaking process. It included the committees of ministers and deputy ministers, the staff from the HCMO, as well as the chair of the advisory committee. The most influential external policy actors within the education sector were considered to be MASS, MSBA, MCCA, and SSAAM, based on the insights shared by the interview participants.

Methodology

The data collection conducted for this qualitative research was based on a documentation analysis for content and context, as well as on 24 semi-structured interviews conducted in the fall of 2015. The interviews were conducted with two ministers and non-elected public policy actors, including one deputy minister, as well as with non-public policy actors. The informants were primarily selected because of their relatively direct involvement with the Healthy Child policy strategy and because of the role they played within the education system in both the context of government and the context of the field of education. All organizations and key policy actors included in Figure 1 participated in the interview process. When considering the notion of "inner circle," eight out of the 24 participants interviewed were deemed to be members of this group. Several sets of questionnaires were developed to better take into account the relatively unique context of each individual informant. Many elements, however, were common in all questionnaires. The questionnaires included a number of open-ended questions that covered a variety of topics related to the perceived challenges and successes of the policy strategy. For example, all participants were asked: "If there is anything you could change regarding the Healthy Child Manitoba approach, what would it be?"

All interviews were transcribed. The draft interview transcripts were submitted to each interviewee for review and approval. The final approved transcripts were read and analyzed several times. NVivo™ software was used to organize and analyze the data collected and to identify key nodes for coding purposes. The nodes selected only took into account the information collected through the interview process. Additional data came from the documentation review conducted parallel to the interviews. The coding process began with the identification of the major themes that became apparent following multiple readings of the transcripts, which led to the identification of more than 50 nodes. Following multiple coding steps, it became evident that some nodes were redundant and overlapping. A final list of 39 nodes was used for analysis purposes.

The findings

The main findings related to the perceptions of the policy actors interviewed for this study were organized around five broad statements referred to as *constats*. The French word was chosen to capture the idea of a significant finding drawn from the predominant perceptions of the participants. In some instances they convey a fairly strong consensus; in other cases they reflect divergent views and perceptions.

Constat 1: The policy strategy was valued and perceived as beneficial by the members of the policy network

The interdepartmental nature of the policy strategy was widely considered as its most innovative dimension. Having a broad policy strategy with an influential and high-profile Committee of Cabinet was seen as being forward-looking and as having the potential to develop more effective policy solutions. According to the informants, the mere existence of this committee clearly signalled the governmental political commitment to the implementation of the strategy. The Committee of Cabinet table was seen as creating a focused and open forum where issues could be discussed and examined in a coordinated fashion. The same observation applied to the Committee of Deputy Ministers and the staff from the HCMO, who were directly engaged in collaborative work. The two high-level central structures of the policy strategy were viewed as being well-suited for establishing connections across sectors and allowing for greater convergence in the setting of priorities and synergies.

Many saw the unique legislated status attributed to the strategy, *The Healthy Child Manitoba Act* (later referred to as *The Act*), as a strength as it conferred a high level of legitimacy, in turn creating an element of stability. More specifically, the legislative framework was seen as an important tool to clarify roles, responsibilities, and accountability.

In general, Healthy Child Manitoba was perceived as being well-positioned to respond to emerging issues and for providing relevant opportunities to outsiders—those located outside of the inner circle—to effectively and strategically influence policy decision-making beyond the mandate conventionally attributed to the Department of Education and Advanced Learning (later referred to as the Department of Education).

The Healthy Child Manitoba policy strategy was considered as promoting the long-term value of prevention and the critical importance and benefits of early interventions. Accordingly, this long- term way of thinking was seen as a positive shift in the government modus operandi, which often tends to be too centred on opportunistic and short-term political gains. It prioritized "upstream" policy activities that focus on the prevention of problems.

The fact that the policy approach was solidly anchored on the use of research evidence, evaluation, and measurable outcomes was perceived by many as a very sound model and as an area of strength. Because of its research expertise as well as research partnerships, namely with the Manitoba Centre for Health Policy, the HCMO was seen as being well-positioned to support the work conducted locally by school divisions and to help support the development of a working culture that valued evidence-based decision-making.

The parent-child coalitions were by design loosely defined, with limited accountability constraints, to promote local decision-making. These organizations were seen as having the benefit of letting local communities determine their own priorities and orientation. Some perceived the coalitions as inviting and welcoming, especially members of the community who were not attending on behalf of a formal organization and who, at times, felt intimidated or left out of these types of community organizations.

Constat 2: The interactions taking place in the policy network have led to the establishment of a closer relationship between the early childhood education sector and the formal Kindergarten to Grade 12 education system

The Healthy Child strategy, especially through the work of the HCMO, was perceived as a governmental advocate for children, especially from a preschool perspective. As the initial focus of Healthy Child concentrated mostly on early childhood development, it was without surprise that several respondents linked the mandate of Healthy Child primarily to the narrower perspective of early childhood development as opposed to the actual mandate, which extended from the prenatal stage to youth.

All respondents recognized the role played by Healthy Child in the early learning sector. Several described how the policy strategy had been successful at raising the profile of early childhood development and how, through an effective research dissemination process, the network created meaningful synergies across sectors and successfully brought early learning onto the policy agenda. Through a well-orchestrated process, Healthy Child brought to the forefront the science and the research supporting early intervention, early prevention, and early childhood development and more broadly highlighted the critical importance of the early years in the life trajectory. It was suggested that through these initiatives, childcare services were finally being publicly recognized as an important public service, not only for the families but also for the benefit of the larger society.

Perhaps more importantly, there was agreement among respondents that Healthy Child played a significant leadership role in bringing the early childhood education sector and the formal Kindergarten to Grade 12 (K–12) education system closer together. It was reported that early childhood education was initially treated with a great deal of caution by the members of the K–12 education system. For example, many school administrators initially felt threatened by the idea of linking the early years to the school system, often for practical reasons. Simply considering the sharing of school spaces to accommodate an early learning centre was indeed initially perceived as a threat. Today, it is largely considered a benefit. Raising the awareness of key stakeholders around the need to build strong relationships at the local level between childcare workers, primary school teachers, school principals, and childcare centre directors was seen as a required condition to enhance learning outcomes for all children.

Through the collaboration of all these sectors, within a network environment including the involvement of Healthy Child Manitoba and the Department of Education, progress was made over time. As a result of this cross-sectoral collaboration, the importance of early childhood education is

now more widely accepted, and there appeared to be an emerging consensus in the education community of the importance of early interventions taking place prior to school entry.

Constat 3: The members of the network had divergent and at times opposing views on the community engagement dimensions of the policy strategy

While *The Act* defines fairly specifically the notion of a community partner as a "community organization or other body that delivers a government-funded program or service for children or their families" (Manitoba, 2007, p. 1), the interpretations shared by the informants varied significantly from the perspective of the insiders and the outsiders. There were indeed diverging views expressed regarding the level of influence community partners could exercise. On the one hand, the members of the inner circle maintained that community engagement was central to the long-term vision of the policy strategy. On the other hand, several policy actors located outside of the inner circle indicated that they had a limited understanding, awareness, and appreciation of the policy's community engagement aspiration.

Right from its inception, the policy strategy was intended to have a collaborative and consultative focus. Informants from the inner circle suggested strongly that the origin of the strategy itself was informed by an open, bottom-up process. For example, it was suggested that the foundational orientation set to guide the work of Children and Youth Secretariat—the precursor organization of the HCMO established by the previous Progressive Conservative government—was the outcome of a broad-base consultative process that involved a variety of stakeholders located both inside and outside of the government.

When considering the parent-child coalition model, there was evidence that the approach was initially influenced and guided by some of the programs and initiatives developed locally by a small number of school divisions. These grassroots initiatives later benefitted from support provided by Healthy Child in an era where early childhood education was not yet considered a priority. Accordingly, the horizontal policy strategy was seen, especially by those from the inner circle, as acting as a bridge between the community and the government and, therefore, as providing opportunities for a bottom-up policy influence. This perceived closer relationship with the community created, by design, a flatter, more horizontal, and less hierarchical way of doing business.

From the perspective of respondents from the HCMO, ensuring a strong presence in the field and working beyond the internal partner departments to reach out to external partner and community organizations became fundamental elements of the strategy. Other interviewees went further with the notion of community and emphasized the importance of reaching individual families, as well as other members of the network, to collectively address the needs of children. In that sense, Healthy Child helped create synergies across sectors, not only within government but also at the community level. This more holistic approach, supported by the policy strategy, also highlighted how both members of the community and the government had a role to play, and that in some cases, the local community was seen as better positioned to identify specific policy solutions.

In contrast, a number of external policy actors had difficulties commenting on the community partnership aspect of the strategy and providing any concrete examples to illustrate how it favoured and encouraged the participation of external stakeholders. In other words, they were unsure as to how the term "community" was to be interpreted and how this relationship with external stakeholders was to take place in concrete terms. For these reasons, some participants were wondering to what extent the government was genuinely interested in providing meaningful opportunities for input from the community. Accordingly, the policy approach was considered by many as being primarily government-centric, with limited references and connections to the engagement of external community partners or stakeholders. Policy actors located outside of the inner circle noted that there was a strong direction imposed from and controlled by the government, and that stakeholders and educational partners were simply expected to buy-in. As a result, the HCMO was perceived more as a top-down agency responsible for providing policy direction to partner departments as well as to local organizations.

One of the mechanisms available to Healthy Child for seeking community input and engagement is the provincial advisory committee. Here as well, the value of the committee was qualified with diverging opinions. For members of the inner circle, the committee represented an effective pathway to allowing external stakeholders to influence the broad policy directions and supporting the sharing of information on best practices. For other informants, the committee was perceived as being too large and as being predominantly used to favour the unidirectional distribution of information, as opposed to encouraging constructive and influential dialogues.

Constat 4: The policy network faced a number of operational challenges often related to the horizontal/vertical relationship

Creating collaborative and effective working relationships with multiple policy partners is a difficult task. Contrary to what one might think, it cannot be assumed that the horizontal collaboration and conversations taking place at the highest levels of the hierarchy automatically percolate down to all the different levels in all the individual partner departments. Participants reported that the need to replicate the horizontal collaboration and communication taking place at the top to the various outer-circle internal stakeholders, particularly within the Department of Education, represented one of the most significant challenges to this policy strategy. While some informants attempted to minimize the implication of this problem, for others it was an issue that required more concerted attention. Participants perceived the horizontal nature of the policy structure as clearly delineated at the level of the two committees—ministers and deputy-ministers—as well as through the support and guidance provided by the HCMO. However, the cross-sectoral structures were not considered as well-defined in the lower levels of government, where follow-up actions and implementation were expected to occur. As a result, the horizontal collaboration was seen as largely left by default to the discretion of those located in lower levels of the hierarchy and conducted on an ad-hoc basis as opposed to being intentionally coordinated.

As a consequence of the perceived disconnect and lack of alignment between the horizontal and vertical dimensions at play, the staff in the Department of

Education was, at times, required to address a number of competing and sometimes conflicting priorities. Each individual partner department involved with Healthy Child had its own departmental plan to implement and series of results to achieve under the leadership of one deputy minister and one minister. There was, however, a perception that, in some cases, unforeseen directions received from the HCMO could force a department to reassess its operational plan and priorities to accommodate a new mandate set from the top.

Consultation is an issue often examined in light of the relationship between internal and external policy actors or stakeholders. When considering a horizontal and cross-sectoral strategy such as Healthy Child, having sufficient internal consultation to expand the cross-sectoral buy-in and engagement represented an important issue. Some respondents suggested that interdepartmental dialogues that build a shared understanding of the central issues were not adequately facilitated and should have been structured to build a collective sense of ownership.

Even with the best intentions, policy communication channels cannot always be transparent, linear, inclusive, and sequential simply because of the complexity of the issues being considered and the rapidity with which these issues often need to be acted on in government. On that note, the level of communication with external stakeholders was also perceived as problematic in this study. For some participants, this issue focused largely on the lack of involvement of departmental staff in the coordination of the work being conducted by the HCMO. Some informants suggested, for example, that the office should play a better dispatching and coordinating role to avoid missteps and misunderstandings.

Because of the horizontal and collaborative nature of the policy strategy, some external actors indicated that it was not always easy to determine who was leading. Was it the chair of the Committee of Cabinet, the chair of the Committee of Deputy Ministers, or the chief executive officer of the HCMO? This perceived lack of clarity around leadership had the potential to create a certain level of confusion both inside and outside of government, particularly with respect to matters of responsibility and accountability. As one participant commented, even if *The Act* identified the chair of the Committee of Cabinet as being responsible for the Healthy Child legislated status, if everybody was involved, was anybody fundamentally responsible? In other words, was there a risk of diffusion of responsibility?

The notion of leadership was also considered from a project management perspective. The internal public policy actors located outside of the HCMO raised a number of concerns related to the operationalization of the internal policymaking process. The first was related to a perceived confusion or lack of clarity around who is responsible for playing the lead role on the projects undertaken. Often, by design, projects initiated under the Healthy Child strategy were inter-sectoral in nature and, therefore, required the participation of multiple actors. The need to identify a project lead often related to the selection of departmental content experts. While one could assume that a project undertaken under the Healthy Child's umbrella would normally be led by a staff member from the HCMO, this did not always appear to be the case.

Constat 5: Healthy Child and the Department of Education interacted in a shared but undefined policy space

Some program activities implemented under the Healthy Child policy initiative directly targeted schools, while others were designed to intervene on factors located outside of the formal K–12 education system. This included diverse activities related to preschool learning and parental support programs such as the parent-child coalitions. The recognition that many factors influencing children's learning were located outside the realm of schools provided a compelling rational for participating in this inter-sectoral policy initiative, but also raised important questions about the nature of that participation. Should, for example, the work of Healthy Child predominantly be targeting activities surrounding the school system through, for example, community programming, after-school programming, or parent-support initiatives? Or should it be directly attempting to influence the activities taking place in schools? Most participants in this study indicated that they believed that there was sufficient policy space to allow both sectors, Healthy Child and the Department of Education, to intervene collaboratively within the school system when it was relevant to do so. Based on this perspective, it made sense to have both sectors develop programs and policies collaboratively to be implemented in schools through the Department of Education and to have Healthy Child also intervening on factors located outside of the school system.

The role of the HCMO required attention when considering the notion of policy intersection. This role, described by one interviewee as the "critical inside engine" of the policy strategy, evolved over time. There was, however, a variety of perspectives around the role and function the office has played in the past and should be playing in the future when working collaboratively with partner departments, namely the Department of Education. This raised a number of questions regarding how collaboration should take place, who should be leading the initiative, and where the ownership of the program being developed should be located. There was a longstanding ambivalence related to the ownership and program delivery function of the HCMO. Initially, Healthy Child was primarily conceptualized as a governmental agency that would, in collaboration with others, incubate new policy solutions as opposed to its own programs. Early on, the HCMO did not invest a lot of time or resources in the management of programs. The ownership of programs has indeed been an area of struggle and tension that was linked directly to the fundamental mission and role of the horizontal policy strategy.

Some have suggested that Healthy Child, in collaboration with its partners, should have mainly focused its attention and resources on the testing of new and innovative ideas to be incubated during a finite and predefined period of time. When proven effective, these incubated programs would be devolved by partner departments, which would then become responsible for the long-term implementation and management of the program in question. From that point on, Healthy Child would play a role in assisting with the implementation in a collaborative manner and would bring back to the two high-level committees any issues arising from the implementation being conducted.

The inner-circle policy actors often made the point that while the notion of incubating ideas was initially part of the vision of the policy strategy of this

organization, this focus evolved over time and was perhaps neglected as the organization became more involved in the implementation and management of programs. For some policy actors located outside of the HCMO, the role of the agency was perceived as having evolved more toward a program delivery function than an incubator function.

Beyond the idea of program ownership and incubation, some respondents emphasized more specifically the coordinating role the HCMO played to achieve better policy alignment and reduce the potential duplication of efforts. This role was described as focusing on the creation of connections across the partner departments by breaking the barriers that typically exist in the government. Based on this perspective, Healthy Child should act primarily as a facilitator, an enabler, and would operate from what was referred to as "the balcony" to orchestrate the interactions taking place in the network, facilitate opportunities for deeper collaboration, and a more effective articulation across systems.

Others thought that the role of the secretariat should be located somewhere in the middle and suggested that the HCMO should play the hybrid role of being a convener, an incubator, as well as a program developer and holder. Depending on context and priorities, the emphasis on one of these three orientations could be more predominant. But each offers a quite distinct approach to the implementation of inter-sectoral collaboration and policy development.

Discussion

The Healthy Child case study examined the extent to which horizontal policy approaches are particularly well-suited to address multifaceted and complex policy problems also known in the literature as "wicked problems": policy problems that never fully get resolved. Creating the best conditions to provide equitable opportunities for all children to achieve the best possible learning outcomes falls under this category. This wicked social challenge far surpasses the role and capacity of the formal education system. The need to create well-articulated synergies across sectors in support of student learning appears fundamental to the effective pursuit of this goal, but these synergies are also difficult to achieve.

Do horizontal policy approaches make a difference in complex policy problems? If one assumes that Healthy Child Manitoba is in fact dealing with a wicked problem or even, perhaps, with multiple complex and multifaceted problems, one should not be surprised to learn that the policy strategy may not yet have achieved the outcomes it was initially intended to deliver. It is well known that horizontal policy approaches are difficult to implement and that there is no easy solution or perfect model that can apply to all kinds of issues and circumstances (Savoie, 2008). For this reason, as suggested by Guy Peters (1998), "the administrative Holy Grail of coordination and horizontality is one of the perennial quests for practitioners of government" (p. 1).

While Healthy Child was initially perceived as a unique and innovative policy approach in Canada, especially given its legislated status, the relevance of the strategy is now being questioned by some (Bostrom, 2010). Some were suggesting that Healthy Child has become a "do everything" type of organization and that it now

needs to rethink its focus. Others suggested that the policy strategy has achieved some successes in some pocket areas, but that the success is not as widely distributed as it could be.

The findings of this study suggested that the *policy strategy* was perceived as playing a positive role in improving and extending the effectiveness of the more conventional development and implementation of educational policies designed to benefit children's learning and well-being. This effect was primarily attributed to the main function of the strategy, which targeted a number of factors located both upstream and often outside of the formal education system. Healthy Child attempted to achieve this goal through its primary focus on early interventions and prevention. In addition, with its focus on evidence-based policymaking and evaluation capacity and, Healthy Child brought to the forefront other tools, processes, and practices that could have been used more extensively to determine the real potential of the policy decisions being considered prior to their implementation, and, as a follow-up to a rigorous implementation process, their effectiveness and impact. There were, however, reasons to believe that the strategy's capacity to address complex policy problems was not leveraged to its full potential due to a number of difficulties associated with the complexity of implementing effective collaborative approaches across sectors within the policy network.

The findings of this research suggest that juxtaposing the aspiration of a horizontal policy strategy with the need to operate vertically in an environment with a well-established hierarchical structure and compartmentalized way of doing business represents one of the most significant challenges facing a jurisdiction interested in implementing a seamless cross-sectoral policy approach. Any misalignment of the vertical and horizontal dimensions of the governmental machinery will produce communication disconnects and a lack of buy-in at all levels of the hierarchy. This resulted in policy actors feeling left-out, disengaged, and misinformed, negatively impacting the efforts made to work more collaboratively in a network environment favouring a horizontal way of doing business.

In any large bureaucracy, silos can be considered a necessary evil, but they are not necessarily conducive to innovation and change, especially when considered in the context of a highly complex policy environment. Accordingly, they can be considered operationally effective when promoting the status-quo. Silos favour the fragmentation and compartmentalization of responsibilities over collaboration and communication. Indeed, the *silo effect* largely takes place when sectors do not adequately collaborate. If the goal is to be innovative and create change, establishing a culture of collaboration becomes a sine qua non condition of success when wanting to create a concrete and measurable collaborative advantage (Huxham & Vangen, 2005) to effectively address problems and challenges having a high level of complexity.

Horizontal policy approaches such as Healthy Child are designed to break this *silo effect*. One of the risks inherent in a strategy favouring cross-sectoral collaboration is creating duplicative efforts, too many ineffective levels of collaboration and inefficient internal processes are often linked to a lack of communication that do not yield positive advantages or gains. Any additional layers implemented to facilitate horizontal collaboration can create inefficiencies and may not be optimizing the resources

available. Moreover, when moving away from silos, fragmentation, and specialization, as the number of individuals involved in the network increases, there is often a higher risk of confusion and the diffusion of responsibilities and issues regarding communication. Finding the right balance between specialization and collaboration, as articulated in this article, relates perhaps more to an art than a science.

When considering these challenges from a pragmatic and concrete perspective, it is suggested that in a best-case scenario both processes, specialization and collaboration, need to take place in the form of a well-orchestrated dance. There are times when collaboration is required and there are times when specialization is more adequate and efficient. It is through the right combination of these two dimensions that the best results can be achieved.

Healthy Child benefited from being examined in light of two distinct but interdependent perspectives. The first one related more specifically to *how* internal policy actors interacted with one another when attempting to build a more horizontal and collaborative environment. The second one related predominantly to *how* the government interacted with external stakeholders and engaged with them to leverage the influence they could have on the policymaking process and through the sharing of the policy space. This is with the intent of sharing the decision-making process but, perhaps more importantly, the identification of collaboratively defined solutions leading to the production of what Bourgon (2011) would call *public value*.

The issue of poverty represents one of the most predominant barriers impacting children's access to equitable educational opportunities—an issue that cannot be addressed effectively, in isolation, by the education system. The Healthy Child policy network continues to be strategically well-positioned to orchestrate and mobilize the required synergies to respond to a number of complex needs and pressures. This creates an exciting opportunity to determine how it needs to move forward, to redefine itself, and to reaffirm its mandate in order to act as a catalyst for the creation of an ambitious endeavour of collaborative and collective imagination.

Note

1. The parent-child coalitions represent the community-based organizations responsible for addressing a number of local priorities in a cross-sectoral manner. The 26 existing coalitions are funded annually by Healthy Child Manitoba and have a relatively loosely defined mandate with limited accountability measures. They consequently have a considerably high level of autonomy in determining local priorities and how areas of need are addressed.

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