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Transitioning Students from Alternative Classes at a Children's Mental Health Agency

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Abstract

This OIP identifies a need to focus on the process of transitioning children from alternative classes at a children's mental health agency back to mainstream classes. The agency's current focus is on providing best practice treatment to clients while they receive services. However, treatment is temporary, as clients must eventually be transitioned back to a mainstream education system. Expanding this focus on treatment to include transitions from services; specifically, from alternative kindergarten classes back to regular classes, will reinforce the recognition of the significance of transitions, and reflection on how to improve this process for clients. The agency's systemic view of treatment can be extended to how services are provided. This is particularly relevant, as the Auditor-General (2016) recommended that children's mental health agencies examine the process of referring to other community services following discharge. Transitions are a crucial and often overlooked factor in positive change, especially when shifting from one system to another. Children require safe and secure relationships to learn effectively, and they struggle with change. Strategies that are effective and relationship-based do not necessarily transfer well into a different system until these critical relationships are built. The change plan benefits students by leveraging the transition process as a way of integrating transitions between systems. This problem of practice (PoP) is viewed through a systemic, inclusive, and integrative leadership lens. The OIP includes all stakeholders in an inclusive process of developing transition policies and protocols. Fisher's (2016) integrative leadership framework is utilized to plan the process of change.

Keywords: Transitions, Alternative classes, Children's mental health, Kindergarten, Students, Integrative leadership, Systemic thought, Inclusive leadership

Executive Summary

This organizational improvement plan (OIP) explores transitions between alternative kindergarten classes and regular kindergarten classes. Potential solutions are examined for the following problem of practice (PoP): How can transitions between alternative kindergarten classes at a children's mental health agency and mainstream education classes be improved?

Children thrive on consistency and predictability, and struggle to adapt to change. However, relationships are even more important for learning than structure, routine and environment (Szalavitz & Perry, 2010). Neuroscience demonstrates that children require secure relationships to feel safe and secure, and if they do not feel safe, they are unable to learn (Szalavitz & Perry, 2010; van der Kolk, 2015). An examination of the transition process illuminates that children must adapt to significant change, overcome past negative experiences, and have not yet developed the trusting relationships required for emotional security. Thus, the crucial nature of transitions is often overlooked. The OIP examines how these difficulties can be mitigated. The OIP emphasizes the importance of transitions to positive change. Currently there are no policies and protocols regulating the transition process at the agency. There is no means of monitoring, evaluation, or accountability. These limitations will be addressed within the context of the OIP.

The focus on individualized strategies, combined with limited resources and the non-profit, government-funded nature of agency resulted in a primary focus on best-practice treatment while children are receiving services. This focus on treatment is positive but precludes an awareness of how clients fare once they have been discharged from services (treatment outcomes).

The Auditor-General (2016) directed the agency to begin examining transitions from its services to other community services. This has raised awareness and created urgency for change. The agency has also been named by the Ministry of Child and Youth Services as a Lead Agency for its geographical area, which increases expectation for change among staff and community partners.

Chapter 1 describes the structure and culture of the agency as well as its vision, values and history. The organization is an example of a professional bureaucracy, with a flattened power structure (Mintzberg, 1979). Professional bureaucracies have a large base of professionals and a small number of middle managers who are supportive of clinicians (Mintzberg, 1979). Change in this type of structure requires greater collaboration with the clinicians due to the power and autonomy they possess. In my role as a Child and Family Therapist, I have influence to address clinical issues like transitions. Chapter 1 traces the evolution of the PoP, and it is viewed through a framework of systemic thought, and integrative, inclusive leadership.

Chapter 2 offers a plan for the change process that was developed by synthesizing the systemic, inclusive, integrative framework. How the need for change is communicated to the organization is detailed. The OIP involves a formative plan to monitor the process of developing a policy to transition students from alternative kindergarten classes back to mainstream classes. The plan involves constructing policies and protocols that regulate and improve transitions while still maintaining the current strategy of implementing personalized transitions for each student (by providing individualized strategies for functioning well within an academic environment, as determined through clinical treatment).

Chapter 3 brings the vision for change and the plan together by outlining methods of evaluation and implementation. It is hoped that this OIP will be a starting point towards greater

integration and collaboration between two separate systems: alternative classes in a children's

mental health agency, and classes in the mainstream education system. Improving the transition

process is expected to improve relationships among stakeholders and significantly benefit

students.

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Glossary

Within the context of this OIP, the following terms are defined as follows:

Alternative classes are District School Board (DSB) 'Section 23' or W.D. Sutton kindergarten to grade 8 special education classes located at a children's mental health agency

Children's Mental Health refers to mental health treatment services for children funded by the Ministry of Child and Youth Services

Day treatment is the term used for these alternative classes as the primary focus is on treatment in addition to the curriculum

Early Intervention Program (EIP) refers to kindergarten alternative classes within the children's mental health agency

Mainstream education system refers to schools in the regular DSB education system

Outpatient services mean children access services at the agency and do not reside on-site

Professional Bureaucracy is a term coined by Mintzberg (1979) to describe a type of organizational structure. This term illustrates the structure of the agency which includes large numbers of professionals and a smaller number of managers and leadership. Incremental change is required for this structure due to the professionals' power and autonomy over their work (Mintzberg, 1979).

Residential treatment means children temporarily live on-site at the children's mental health agency while receiving treatment.

Chapter 1: Introduction and Problem

This chapter describes the organization in its historical and societal context. The evolution of the problem of practice (PoP) and Organizational Improvement Plan (OIP) are outlined. Leadership is critical in developing an effective OIP regarding transitioning students from alternative classes back to mainstream classes. The focus of the PoP will be on kindergarten classes as a starting point. A gap analysis explains the current lack of focus on transitions.

Cawsey, Deszca, and Ingols' (2016) recommendation to view issues in context promotes an understanding of the importance of transitions. My leadership philosophy is compared with the ideological context of the agency. Theoretical frameworks include integrative leadership, as outlined by Fisher (2016), and integrative thinking as delineated by Riel and Martin (2017); and inclusive, social justice principles as espoused by James Ryan (2006; 2012), viewed through a framework of systemic thought (Fullan, 2006), including Nadler and Tushman's (1989) organizational congruence model.

Organizational Context

This section introduces the purpose, mission, values, organizational structure, and context of the organization. The organization is a non-profit, government-funded children's mental health agency located in Ontario (the agency). There are approximately one hundred and twenty employees, both part-time and full-time. I am a Child and Family Therapist who has been employed with the agency for fifteen years; typically, staff stay for many years due to the challenging and rewarding nature of the work. My role as a therapist confers influence regarding clinical issues like transitions. The agency offers a supportive environment and encourages friendships among staff.

The Ministry of Child and Youth Services oversees the agency and provides leadership in the form of funding and regular audits. The government requires efficient, timely, and effective services. For example, the agency is required to submit annual reports including financial statements and statistics; i.e., how many clients accessed services, and their presenting clinical concerns. The current political climate, available funding, reality of external oversight, stigma of mental health, and the increasing complexity of the families and children we serve create competing pressures. Agency leaders advocate for increased funding with evidence of rising need for services, while also attempting to improve service efficiency.

History of the organization. The agency was incorporated in 1965 due to a community-determined need for a residential treatment facility for children with behavioural and emotional difficulties (outpatient services, meaning non-residential, were added in 1968). Funding was initially provided by the Ministry of Community and Social Services, plus two charitable community agencies. Currently, funding is provided by the Ministry of Child and Youth Services.

Vision, mission, purpose, and goals. The mission is to provide best practice, early intervention treatment to children with emotional and behavioural difficulties. Agency staff pride themselves in working with the most troubled children and families. The goal is to help children reach their full potential in all environments; home, school, and community. The agency's systemic approach ensures children and their families are included in treatment. This OIP advocates for the systemic perspective to be incorporated into the transition process, as well.

Inpatient (residential) and outpatient (nonresidential) services are provided to infants, children, and youth, from birth until the age of 14. Infants are susceptible to mental health issues if their primary caregivers are unable to recognize and meet their emotional and physical needs

(Hoffman, Marvin, Cooper, & Powell, 2006). No referral is required, although families typically

learn about agency services from physicians or school staff. Families call the agency's 24/7

Crisis line to set up an Intake appointment, either on the telephone or in-person at the agency.

The Intake appointment allows them to discuss their concerns, learn about available treatment

options, and be placed on the waiting list to access services. Treatment includes assessments,

family therapy, group therapy, in-home behavioural support, day treatment (Kindergarten to

grade 8 alternative classrooms), residential treatment, psychological assessments and psychiatric

consultations. A staff nurse meets the health needs of the children in residence.

   Education plays a substantial role in children's lives. Children are often referred

(families can self-refer) to the agency due to problematic behaviours at home and at school.

Consequently, agency clinicians have numerous interactions with the regular educational system.

Clinicians observe clients in their classrooms, meet with school staff regarding how clients

function socially, academically, and behaviourally, participate in school meetings during which

treatment plans are developed, and offer strategies to clients, families, and school staff. Agency

clinicians collaborate with school staff to help students function better within their classrooms.

If students are unable to cope in a regular class, they may be referred to the agency and receive

an assessment. During this time the assigned clinician assesses the factors involved in the child's

behaviour and tries to work with the regular school system to find ways of managing the child in

their current classroom; i.e., through school meetings and classroom observations. If this is not

possible, the child may be considered for a placement in the Early Intervention Program (EIP is

the acronym for the agency's treatment-focused kindergarten classroom). There is often a

waiting list for this service. Placement in the alternative classroom is always part of a larger

treatment plan involving family therapy and potentially other assessments; i.e., psychological or psychiatric.

These classes are for outpatient clients who either cannot be managed in the mainstream system or are living in the residential cottages on-site. District School Board teachers teach alternative agency classes with a maximum of six students. These are called 'Section 23' or W.D. Sutton special education classrooms, named after the psychologist who founded them ([DSB], 2018). Alternative classes follow provincial curriculum but are primarily focused on treatment: one child and youth worker in each class manages student behaviours, and each student/family sees a therapist regularly.

As noted, alternative class placements are temporary; clients must eventually be reintegrated back into the mainstream education system. The current transition is a gradual, personalized process for each client over several months. For example, during treatment clinicians determine helpful strategies unique to each client and then communicate these strategies to school staff. Case conferences between clinicians, client, family, and school staff determine when each client is ready to transition back to a mainstream class. The classroom worker then accompanies the student to the new classroom over several visits to help ease the transition.

However, the regular education system may not be able to accommodate clinical recommendations for students, due to significant differences between children's mental health and education (Raven, 2005). These include structural, cultural, political and resource differences including distinct languages, policies/procedures and underlying beliefs (i.e., social justice/neo-liberal) (Bolman & Deal, 2013; Ryan, 2012). Both agency and school staff admit anecdotally that transitions are often unsuccessful. Can strategies developed in an alternative

and distinct system be effective when transferred into an entirely different system? Clinicians with systemic, inclusive training tend to promote individualized strategies for each student, which often is contrary to the underlying beliefs of the mainstream system (Raven, 2005; Robinson, 2013; Ryan, 2012). These differences may lead to problematic transitions between these two distinct systems; i.e., children's mental health and the mainstream education system. For example, some teachers are willing to allow a child to utilize accommodations like special chairs, body breaks, and fidget toys; others do not feel it is fair to the rest of the students.

Child and Family Therapists like myself work from a systemic, relational, attachment-focused, child development perspective, meaning we view each child in a familial context and through a developmental lens. Each child is always viewed as part of a system, as this is a child's biological reality. Neuroscience informs us that we all require secure relationships to thrive, but especially children (Szalavitz & Perry, 2010; van der Kolk, 2015). Infants cannot survive without adults, so relational connection is a biological need that is hard-wired into the brain (Szalavitz & Perry, 2010; van der Kolk, 2015). The problematic nature of transitions becomes apparent with this knowledge of how the brain works. Without secure connections, children cannot be expected to function well. This is a primary reason why school transitions are difficult for children, as it takes time to develop close bonds with caring and safe adults and peers. Even though transitions are gradual, starting with visits and then reduced hours, they remain overwhelming until those connections with staff and peers are developed (Szalavitz & Perry, 2010). After a child has completed treatment at the agency, transitioning to a new system where they have had unsuccessful experiences is a difficult process in a myriad of ways. Unsuccessful transitions are discouraging and demoralizing not only for students but also for clinicians wanting to help children and provide effective treatment.

Transitions, then, are difficult for children on many levels: memories of past struggles combine with the current lack of secure relationships. These factors are compounded by the need to adapt to a new environment, people, and routines. The OIP proposes streamlining transitions, as this should ease the process significantly for students. As noted, small amounts of stress or change can be beneficial, but too much change causes feelings of fear, which activates stress systems, leading to 'fight, flight, or freeze' responses (Szalavitz & Perry, 2010; van der Kolk, 2015). When the brain is activated in this way, the rational brain is inaccessible to children and they are unable to process information or learn. Since children need these secure relationships and familiarity to succeed, the crucial nature of transitions is illuminated and can then be acknowledged and addressed.

Improving interactions with the education system, including transitions, is a frequent topic of discussion at the agency among all structural levels (clinicians, management, and leadership). The agency has offered training in children's mental health to education system staff, but it is not often accepted. This may be due to systemic differences.

Organizational structure and leadership. Officially, the agency has centralized leadership with an executive team comprised of the Executive Director (ED), Assistant ED, Clinical Director (CD), Director of Finances and Administration (DFA), and Director of Quality Improvement, but in practice it is partially distributed and inclusive (Bush & Glover, 2012; Ryan, 2006). The structure of the organization fits a professional bureaucracy model, as depicted in Figure 1.1 (Mintzberg, 1979). The agency is an example of a professional bureaucracy because clinicians are highly-trained with significant autonomy over their work, which flattens the power differentials (Mintzberg, 1979).
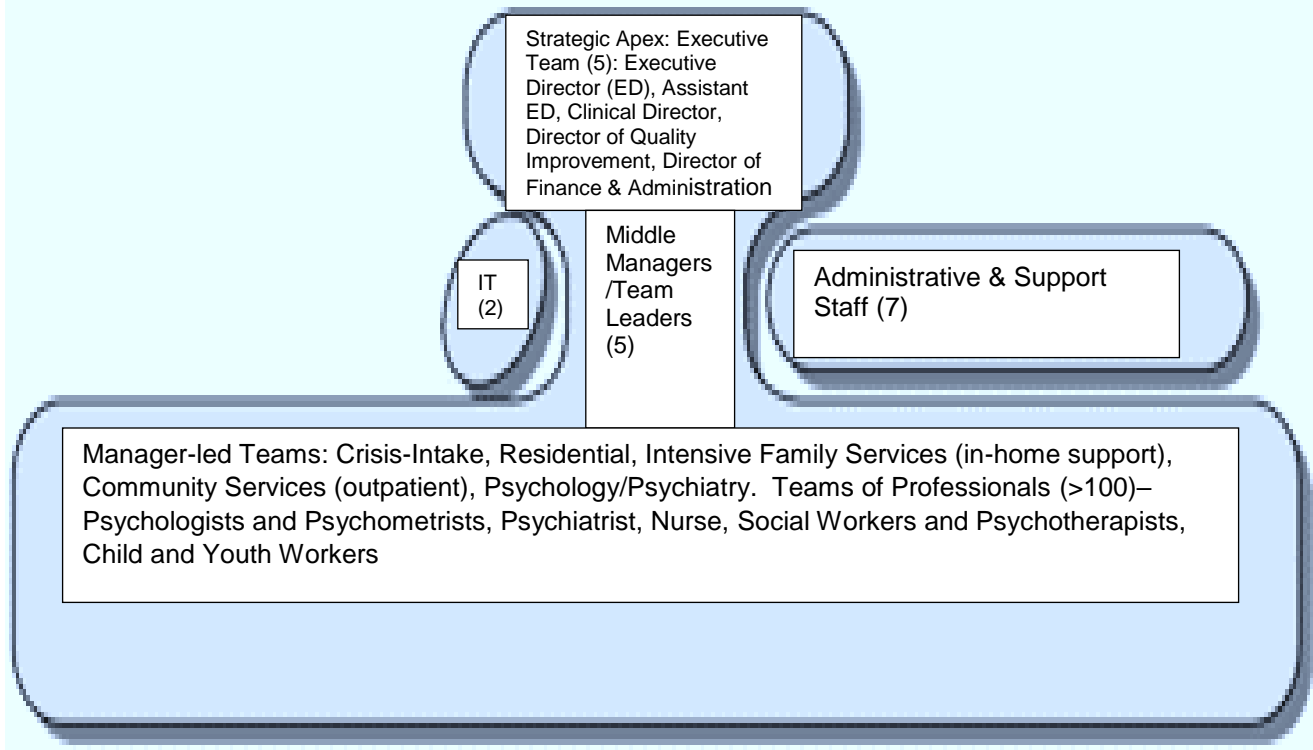
Figure 1.1: Adaptation of Professional Bureaucracy Model, by Mintzberg, 1979, p. 355.

The strategic apex contains the Executive Team comprised of the Executive Director, Assistant Executive Director, Clinical Director, Director of Quality Improvement, and Director of Finance and Administration. Clinicians represent the agency in the community during contact with schools, or while presenting workshops on children's mental health. Clinicians directly provide the services and choose which therapeutic methods to employ.

The team structure of the agency further decentralizes the power structure. Team leaders are middle managers who consult with teams prior to communicating with the executive team, and vice versa. There are small numbers of managers in professional bureaucracies (Bolman & Deal, 2013). Team leaders provide oversight and leadership. Team leaders include staff input in the decision-making process and prioritize supporting clinicians in providing best practice

therapeutic treatment. My role as therapist offers me the opportunity to be a change agent for clinical issues like transitions.

Benefits to organizations comprised primarily of professionals include how strongly they identify with their jobs, which engenders high standards and loyalty to the organization. Disadvantages include slower rates of change due to the independence of professionals, the control they exert over their work, and the power they hold; leading to reluctance to change unless personally motivated (Mintzberg, 1979). Managers may struggle to fulfill their vision for the organization and must work collaboratively with the professional base. This reciprocal relationship balances power levels between clinicians and managers; as a professional and therapist at the agency I do have significant influence regarding addressing client outcomes.

Leadership Position Statement

Creswell (2014) notes the importance of delineating the researcher's perspective. My leadership philosophy is inclusive and incorporates social justice tenets like equity, collaboration, moral purpose, respect for differences, and a commitment to reducing power differentials (Ryan, 2006; Ryan & Tuters, 2015). My philosophical influences can be traced from the constructivist tenet that knowledge and learning are co-constructed, to emancipation, leading to feminism, and an awareness of power relations, social justice, and inclusivity (Adams & Buetow, 2014; Blackmore, 2013; Ryan, 2006). My training in systemic thought raised my awareness of relationships and contextual factors. My perception of the PoP is influenced by my worldview. My leadership focus, therefore, incorporates social justice, systemic thought, and inclusivity.

Key tenets of the social justice approach include a belief in social justice principles, inclusivity, and fairness; that segments of the population are marginalized, and that everyone

deserves equitable opportunities (Ryan & Tuters, 2015). Agency colleagues adhere to these principles. Raven (2005) and Robinson (2013) are also proponents of individualized education leading to the betterment of society. Raven (2005) believes our current education system should reflect most liberal tenets; i.e., individualization, critical thought, choice, distributed leadership, and social responsibility, all of which are represented at the agency.

The dominant ideological approach at the agency consists of an amalgamation of child-focused, child development-based, strengths-based, systemic, social justice, and liberal views. Clinicians tend to have similar social justice training and anti-discriminatory beliefs. Additionally, middle managers and the Executive Director and Clinical Director all began their careers as clinicians (therapists/social workers). Multidisciplinary colleagues like psychologists, psychiatrists, and child and youth workers may utilize different therapeutic methods, but tend to possess similar child-centered, inclusive core beliefs about addressing mental health in an equitable way.

Inclusive leadership involves recognizing how systems, including organizational structures and power imbalances, impact certain groups (Ottesen, 2013; Ryan, 2006). Inclusive leadership aims to minimize power differentials by sharing decision-making power and recognizing that all employees and stakeholders have the capacity to assume a leadership role (Precey, Rodriguez Entrena, & Jackson, 2013; Ryan, 2012). Developing inclusive policies, such as a policy regarding the transition from alternative classes back to mainstream kindergarten classes, is a key part of inclusive leadership (Ryan, 2006).

Leadership PoP Statement and Guiding Questions Emerging from PoP

The problem of practice is, how can the transition for students from the children's mental health agency's alternative kindergarten class back to mainstream classes be improved through a

framework of systemic thought and inclusive, integrative leadership? These frameworks will be delineated in Chapter 2. Systems thinking frames the problem of practice, depicts how the contributing factors influence each other, and illuminates the evolution of the problem (Fullan, 2006). The current focus on providing best practice therapy and treatment to clients is positive yet precludes an awareness of how clients fare upon leaving agency services. Expanding the agency focus on treatment to include transitions from alternative classes back to mainstream education classes will create a shift in perspective that will allow employees to perceive the importance of transitions.

Several factors contribute to the current focus at the agency, including scarcity of resources in a non-profit, government-funded agency, plus high caseloads and year-long waiting lists. Yet, practices still need to be aligned with the external environment to help clients thrive upon discharge from services. This will fulfill the agency's overall goals and purpose in a more coherent way than focusing on therapeutic work only while clients are accessing services. Other factors include the structural separation of the agency from the wider community, both figuratively and literally: the former due to the stigma of mental health, and the latter due to the separation of the children's mental health system from the mainstream education system. The OIP aims to reduce this separation.

Focusing on transitions has become particularly relevant as a recent audit by the Auditor-General recommends that children's mental health agencies examine the process of referring clients to other community services following completion of treatment (Office of the Auditor-General, 2016). The future desired state of the agency is for it to assume this long-view perspective of client outcomes. This systemic outlook will enable staff to deepen understanding of the importance of successful transitions to post-treatment functioning for clients. Increasing

client well-being and functioning is one of the goals of treatment. Adopting a wider view of transitions also involves strengthening connections with stakeholders in the greater community such as students, parents, peers, families, and school staff. This encompasses an inclusive leadership philosophy (Ottesen, 2013; Ryan, 2006). Examples of this include increasing various forms of communication among stakeholders and inviting their equitable participation and input.

Guiding questions. Important questions guiding the analysis of the PoP include: How can existing significant differences between the two main systems (children's mental health and the K-8 educational system) be mitigated to smooth the process of transitions for children? How can the OIP ensure that all stakeholders feel included and invested in the transition process? How can stakeholders contribute meaningfully to the OIP within an inclusive, systemic, integrative framework? How can agency and school staff work together to help children succeed? How can collaboration and cooperation between the two systems improve?

Framing the POP

Resources are limited, but transitioning students is already part of the agency's mandate; it is not a new initiative. The agency's child-centred liberal-influenced ideology led to a belief in creating personalized treatment strategies and transitions for each client. This belief in individualization also engendered a reluctance to standardize treatment or transitions. However, there are many policies and procedures related to treatment, yet none regarding transitions. Therefore, if a transition does not go well, there is little means of either evaluating or improving the process. This lack of focus on transitions suggests they may become an afterthought (Adelman & Taylor, 2007). It is possible for transitions to remain individualized for each client, yet also be constructed of common elements upon a shared foundation. For example, individualized strategies for each client are key to agency values and are expected to remain a

significant part of each transition. The caveat though is that an individualistic focus prevents an

awareness of contextual and societal issues; i.e., how children with learning disabilities are more

likely to be labelled with behavioural issues (Artiles, Harris-Murri, & Rostenberg, 2006).

Consequently, social justice and inclusion are necessary frames for the PoP to enable the

comprehension required to enact lasting change.

Historical and contextual factors. Family therapy is the primary model for treatment at

the agency. The psychoanalytic ideas of Jung and Skinner's behaviourism, combined with

systems theory (Bowen, 1966; Fullan, 2006), led to family therapy, which views the family as an

interconnected unit (Minuchin, 1985). Family therapy is based on identifying the factors

involved in the evolution of a pattern, i.e., a pattern of behaviour, and then changing part of the

system to encourage new patterns to develop (positive change). This is analogous to how the

process of change works in organizations, as well, which is why Nadler and Tushman's (1989)

congruence model aligns with the PoP/OIP. Nadler and Tushman's (1989) open systems model

visually depicts factors influencing an organization and the relationships among them to perceive

how changes will impact the entire system. For example, this dynamic model considers how

societal influences, culture, history, and environment impact the work, people, structure, and

culture of the organization (Nadler & Tushman, 1989). Alignment among the components is

critical for effective organizational functioning (Cawsey et al., 2016).

Systems theory can help conceptualize both family therapy (the work of the organization)

and the organization itself (structurally). It can also be utilized to understand the interrelated and

dynamic process of change. As Katz and Dack (2013) recommend, the problem of practice has

been analyzed through a consideration of the multitude of contributing factors. Figure 1.2

illustrates the complexity and context between each of these elements. An inclusive, integrative

systemic approach entails a consideration of as many contributing factors as possible, as well as

a recognition of how these factors interrelate (Fullan, 2006). Fullan and Quinn (2016) outline

how systemic thought contextualizes issues and infuses them with meaning. Employing a

systemic view will enable an understanding of the importance of transitions. It will also promote

the realization of the need for collaboration between the two systems. Each system may operate

systemically within its own boundaries, but each system would benefit from expanding this

perspective to include a wider societal context. Stoll's (2006) specification that stronger

connections between schools and community agencies are needed for systemic change is in

alignment with the OIP.

INPUTS

(environment-PESTE, resources, history/culture)

Stakeholders: clients/students & their families/histories, agency staff, school staff, school and agency leadership, government, community

Kant -Constructivism, knowledge/learning is (co)constructed

Jung – psychoanalysis – therapeutic practice

Systems theory (Bowen, Fullan)-context -family therapy- feminism/social justice

Attachment-Bowlby combined learning & attachment (need to feel secure to learn)

Piaget-child development- combined with education- learning co-created

Behaviourism-Skinner

Liberal/conservative/ Neo-Liberal political influences/ limited funding/cultural stigma/ nonprofit/

Rewarding meaningful work

Contextualizing the POP with Dynamic Open Systems Model (adapted)

EMERGENT/ INFORMAL STRUCTURES

Client/student/families/staff/leaders /government views on transitions

TASKS

Therapy & treatment- Collaborate with all SH/ community

DESIGNED STRUCTURES

Co-create systemic, inclusive, integrative policies & protocols for transitions

PEOPLE: CHANGE LEADERS

Students/families, school & agency staff, leaders, community

STRATEGY

Systemic thought, inclusive, integrative leadership

OUTPUTS

(System, Unit, Individual)

Systemic, inclusive transition policies and procedures developed with input from all stakeholders

Effective transitions that promote improved outcomes (outcomes not addressed in OIP as beyond scope)

Increased academic functioning

Increased collaboration between children's mental health system and education system

Increased and improved connections between mental health agencies and schools and wider community
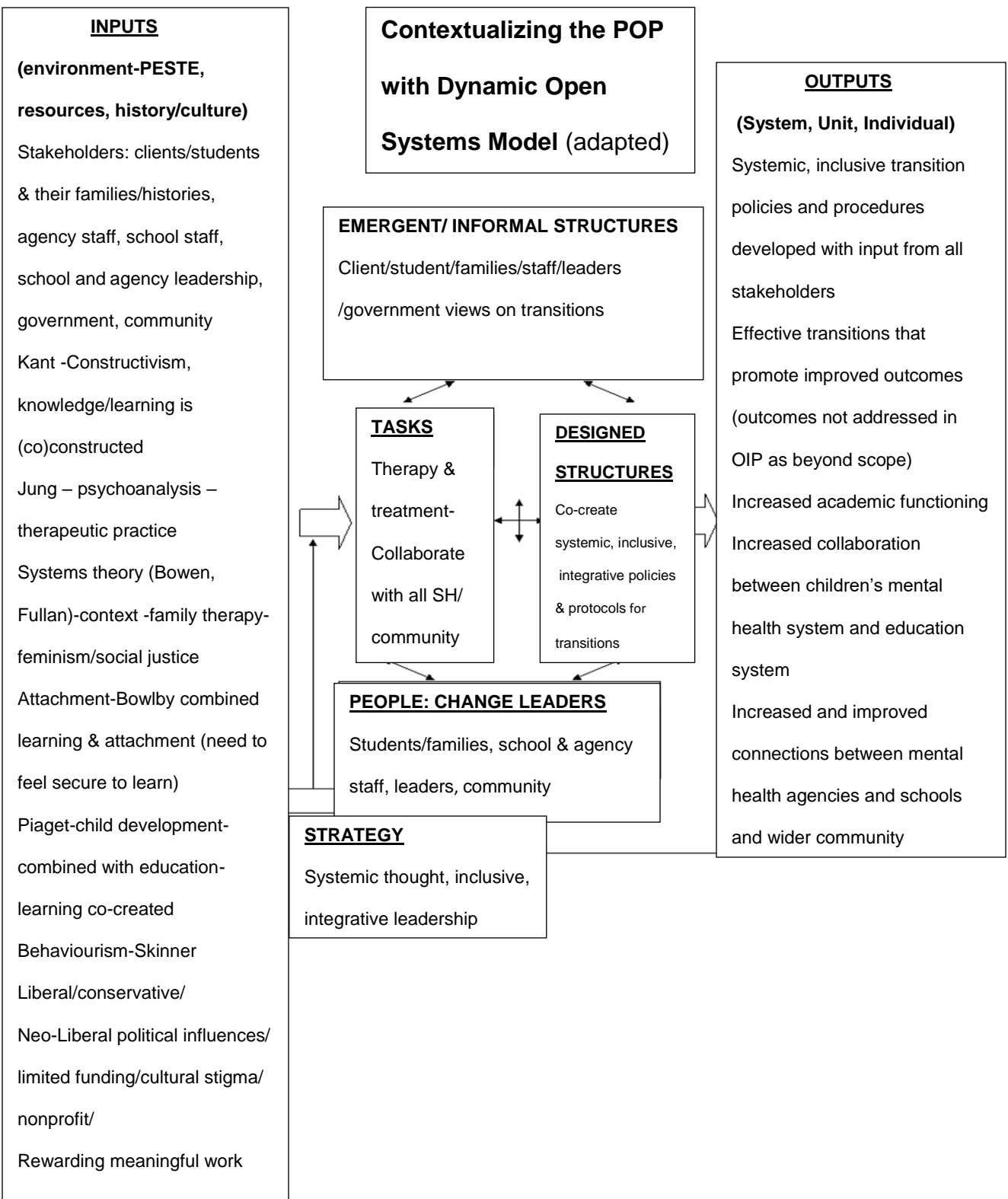
Figure 1.2: Adaptation of Nadler and Tushman's Organizational Congruence Model (1989, p. 195).

Bolman and Deal (2013) emphasize the importance of viewing organizational issues from multiple perspectives (structural, human resource, symbolic, economic, and political) to gain a deeper understanding. This echoes Nadler and Tushman's (1989) systemic model and is accomplished by addressing the structure, ideological context, nature of the work, and non-profit, government-funded milieu of the agency in the OIP. Cawsey et al. (2016) advocate a wider view incorporating 'PESTE' ("political, economic, social, technological, and ecological/ environmental") factors (p. 6), as demonstrated in Figure 1.2. Political factors include government funding and the stigma of mental health; economic factors include limited resources, need for external fundraising, and the non-profit nature of the agency. Technological factors include balancing cost of technology with demand for services; social factors include increasing wait lists and resulting pressure on staff; and environmental factors range from physical environment of residences to encouragement of recycling and conserving resources. Taking these factors into account enables a contextual, comprehensive view of the transition process at the agency.

Treatment planning involves comprehensive assessments of each client/student. In accordance with systemic thought, clients are assessed based upon contextual factors and how the children function in multiple environments, including home, school, and community. The assessment is strengths-based, so each child is perceived at an individual level in terms of skills and abilities, yet s/he is also seen as part of a system of interconnected relationships among other genetic and environmental factors. Effective treatment requires proper planning and an awareness of the evolution of the concerns as well as identifying all factors involved. Behaviour is not viewed in isolation, but in context, in order to provide meaning. It is necessary to uncover underlying emotions and feelings to understand the behaviour. For example, sometimes children

clearly cue a need, but other times they hide a need by miscuing, and it is necessary to learn to decipher these hidden emotions to respond effectively (Powell, Cooper, Hoffman, & Marvin, 2014). Viewing the PoP in a systemic way thus aligns with the work of the agency.

      Literature review. A review of the literature on educational transitions uncovers consensus of the importance of transitions, and how students are impacted on multiple levels: developmental, social, and academic (Carolan, 2013; Griebel & Niesel, 2003). Teachers are affected in terms of how much training and support they receive, as well as how much input they can provide regarding transitions (Dunlop, 2003b). Transitions require students to adjust to significant changes, and prior planning can smooth this process (Smithey, 2012). In a departure from the majority of reviewed literature utilizing cumulative stress theory to explain the difficulties of transitions, Carolan (2013) finds that achievement scores can remain the same or even improve after a transition. However, this focus on student scores does not necessarily provide information regarding students' emotional state.

      A variety of recommendations are provided for improving transitions; utilizing the support of teachers (Dunlop, 2003a), peers (Parilla, Gallego, & Sierra, 2016), school counsellors (Augst & Akos, 2009), and parents (Augst & Akos, 2009; Dunlop, 2003b), in addition to considering student views (Dunlop, 2003a; Parilla et al., 2016). I agree that these stakeholders should all play important roles in the transition process as this aligns with my inclusive beliefs. Multiple lines of research focus on students with emotional and behavioural challenges (Cartledge & Johnson, 1996; CMHO, 2015; [DSB], 2016; Janney & Snell, 2006; Smithey, 2012; Wood & Cronin, 1999). Many researchers advocate for inclusion but acknowledge the challenges inherent in keeping these children in mainstream classes (Cartledge & Johnson, 1996; Janney & Snell, 2006; Smithey, 2012). Treatment suggestions employ either a behavioural

(Smithey, 2012) or relational (attachment) perspective (Powell et al., 2014), with the former

focusing on behaviour management, and the latter on building positive relationships. The need

for secure relationships has already been noted (Szalavitz & Perry, 2010; van der Kolk, 2015).

Other articles focus on preventing behavioural problems through teacher training (Griebel &

Niesel, 2003; Smithey, 2012). It is argued instead that increasing integration between the two

systems, children's mental health and the education system, may be the most helpful.

  Transitions tend to be destabilizing for children due to their developmental level, as well

as the number of adjustments required (Hayes, Yasinski, Barnes, & Bockting, 2015). Children

require familiarity and connection to feel safe and secure. If children do not, they are unable to

learn (Hoffman et al., 2006). Yet, destabilization of a fixed pattern can also promote positive

change (Hayes et al., 2015). Destabilization is the definition of a transition. Part (or all) of a

system needs to be altered to create new and progressive patterns (Hayes et al., 2015).

Destabilization applies to transitions as well as the process of change and illuminates the crucial

nature of transitions and their significance to this process. Some change can be beneficial; but

too much is detrimental (Szalavitz & Perry, 2010). Utilizing a systemic viewpoint is vital to

perceive the complex patterns involved in the PoP so an effective OIP can be developed.

  Increasing familiarity by finding a way to strengthen connections and relationships

between the two systems will ease the process for students, while also offering valuable

opportunities for positive change due to the differences and challenges that remain. The OIP has

the potential to serve as a two-way bridge between the two systems.

  Each article from the literature reviewed primarily focused on one aspect of the PoP.

Thus, only a portion of the issue tended to be analyzed at a time, which may not lead to lasting

change. A systemic, holistic view will lead to a comprehensive and deeper analysis of the

interrelated factors in the OIP. This knowledge can be utilized to enact enduring and effective change. An inclusive, systemic, integrative approach incorporates a wider societal view, resulting in a recommendation that the PoP be addressed on several levels: on a micro level, by utilizing the input of as many stakeholders as possible; and on a macro level by viewing the problem of practice and the systems involved within a greater societal and historical context. Meso factors include the dynamic nature of the organization and the change process. The OIP is part of a shift towards an increasing and meaningful collaboration among students, families, school staff, and agency clinicians.

Incorporating stakeholder input means these systems can be influenced by interdisciplinary perspectives, allowing for greater variability in ideas and feedback, and a higher likelihood of lasting change. This also fits with the systemic, inclusive, integrative approach. Greater collaborations and connections between the organization and the community may serve to ease the transition process for students and families. Functioning well in an alternative educational setting does not necessarily translate into success in the mainstream setting, unless the two systems strengthen alliances and increase cooperation. Therefore, the views of all stakeholders should be meaningfully considered in evaluating how to improve transitions from alternative classes to mainstream classes.

Leadership Focused Vision for Change (Possible Theories for Change Process)

Inclusive leadership entails obtaining stakeholder input and developing inclusive policies by meaningfully utilizing this feedback (Ryan, 2006). Differing views are welcomed as valuable learning opportunities that strengthen the OIP and increase collaboration among stakeholders. In the author's experience, differing views are often sought only in a superficial way, and not synthesized into the process. For example, often parents and students are excluded from

professional processes, but my view is they should be granted equal decision-making power, which is why I am employing a systemic, social justice model. This also aligns with agency values. Employing inclusive principles ensures that stakeholder perspectives are not just considered, but integrated, making lasting change possible. Incorporating multiple perspectives will strengthen connections and streamline interactions between these two separate and distinct systems.

An inclusive, integrative leadership process is also needed to make necessary changes to organizational culture at the agency (i.e., expanding organizational perspective to include transitions, and viewing stakeholders as equal partners). Utilizing inclusive leadership principles, as outlined by Ryan (2006), will increase collaboration between agencies, schools, and families, and eventually forge greater connections with the surrounding community, as part of an ongoing process of change (Adelman & Taylor, 2007).

Change Drivers. It is crucial to take a systemic, multivariate view of the change process to develop a comprehensive understanding of the organization and the vision for change (Bolman & Deal, 2013). Remaining flexible and adaptable requires avoiding decisions until the issue has been thoroughly analyzed through multiple viewpoints (Cawsey et al., 2016). Change drivers will be identified and outlined as they need to be incorporated and integrated into the OIP.

What/When. When the Ministry of Child and Youth Services named the agency as a lead agency in its geographical region, it caused a re-evaluation of services to illuminate gaps. Therefore, the current climate is helpful in advocating for this OIP. The Auditor-General's (2016) recommendations for the agency included examining how clients are transferred to

community services following discharge, and outcomes. This creates leverage, need, and urgency for change as the agency must address these recommendations.

Developing a change vision requires analyzing organizational information (Cawsey et al., 2016). This entails evaluating internal data from the agency (i.e., feedback from clients, families, and school staff), as well as input from the Ministry and other stakeholders (Cawsey et al., 2016). The area District School Board's recent increased focus on mental health is also auspicious ([DSB], 2016). This is demonstrated in the development of the 2015-2018 *mental health and well-being strategic plan* (DSB, 2016). This indicates that DSB recognizes the need to address this crucial topic. The DSB plan notes that mental health "is a complex issue requiring cross-sector collaboration" suggesting an increased willingness for forming community partnerships (DSB, 2016, p. 3). As noted, Stoll (2006) states that the education system would benefit from strengthening relationships with community partners like, for example, children's mental health agencies. Several of the Ministry of Education's *policy/program memorandums* (PPM) also illustrate this. For example, PPM #119, PPM #149, and PPM #156 (Ministry of Education, 2009; 2013). PPM #119 recounts a commitment to "developing and implementing equity and inclusive education policies" (Ministry of Education, 2013, p. 1), and PPM #149 is encourages partnering with community agencies to meet student needs (Ministry of Education, 2009). PPM #156 is about educational transitions of any type (i.e., between grades or schools, but also includes from alternative classes), and states a specific plan and goals must be created and followed (Ministry of Education, 2013). PPM #156 also notes the need to "collaborate with community partners" (Ministry of Education, 2013, p. 3). These all support and align with the OIP.

Who. A formative analysis throughout the process will ensure adherence to the theoretical foundation of systemic thought and inclusive, integrative leadership. I will meet with my team leader and create a plan regarding how to effectively obtain the input of all stakeholders: students, parents, school staff, and clinicians. Once the OIP has been developed, regular summative evaluations will ensure goals are being achieved. Consequently, the OIP will incorporate collaboration among all stakeholders to align with the inclusive, systemic framework (Cawsey et al., 2016).

Fullan (2006) describes multiple ways to increase change sustainability. Several of these criteria apply to the OIP; i.e., "public service with a moral purpose" (focusing on increasing student learning outcomes, acting ethically and morally, and collaborating with other schools); making changes not only within individual schools but also the wider education system and surrounding communities; and networking (Fullan, 2006, p. 115). The networking requirement can be fulfilled by asking other agencies for input on how they manage transitions from alternative classes to regular classes; i.e., Child and Parent Resource Institute in London, Ontario; Ottawa Children's Treatment Centre in Ottawa, Ontario (Fullan, 2006).

Asking stakeholders to participate in some way empowers them and contributes an increased sense of belonging that strengthens allegiances and cooperation (Adelman & Taylor, 2007). Expanded community collaborations are beneficial for the education system and the children's mental health system, as they provide access to multiple and varied perspectives (Stoll, 2006). Viewing transitions systemically allows for the type of sustainable change that promotes positive, lasting transformation, but also leaves space for other variations to develop (Hargreaves, 2007).

Why. Stakeholders anecdotally agree that the transition process needs to improve for student benefit. Incorporating stakeholder views will meet the requirements of the chosen systemic, inclusive, integrative framework. Inclusive leadership requires that all stakeholders have meaningful participation; not just obtaining their input, but also requesting their meaningful involvement in the transition process. Currently case conference meetings including agency staff, school staff, and families determine how the transition process unfolds. I will organize the OIP development and recruit stakeholders. I will report regularly to agency management throughout the process. Barriers may include clinicians who prefer to maintain the status quo, management staff who believe attending to transitions may divert precious resources from treatment, or if certain stakeholder groups are reluctant to participate. Communicating the change vision effectively is crucial as it will mitigate these barriers.

Tools for Initial Evidence Gathering/Change Readiness

Nadler and Tushman's (1989) organizational congruence model is used to illustrate the evolution of the POP because this model is systemic and dynamic. It depicts the complexity of the relationships and patterns involved (Nadler & Tushman, 1989). Systems theory fits with the OIP because it takes a wider perspective to facilitate an awareness of points of alignment between the two distinct systems of children's mental health and the main education system; i.e., shared goal of improved student functioning. Incorporating these wider systemic and societal views into an inclusive perspective results in the primary OIP recommendation to include all stakeholders.

Leveraging the common goal of student success between the two systems can motivate effective collaboration. When school staff are unable to implement strategies that were effective in the alternative class, the effects of treatment are minimized, and children may struggle to

adjust and adapt to the new class. Personalized interventions are not useful if they cannot be extended into the new system. Transitions already require children to adjust to significant changes, and staff assist them in developing secure relationships. Creating policies and protocols with embedded strategies promoting collaboration between the two systems should improve transitions for children. Ryan (2006) notes that inclusive leadership includes developing inclusive policies. This is achieved by incorporating stakeholder perspectives in a collaborative, equitable way (Ryan, 2006). Stakeholder input will be a necessary element of the OIP.

Change readiness has been hastened due to the Auditor-General's (2016) recommendation to focus on transitions from agency services, i.e., transferring students from alternative classes back to regular education classes. The Auditor-General's (2016) report was published after this PoP was developed, indicating that internal and external societal forces converged in its development. These influences will promote increased awareness of the significance of the OIP among stakeholders. It is expected that these factors are creating readiness for transitions to be addressed (Cawsey et al., 2016). For example, increased attention on student well-being and mental health related to learning, not only within the children's mental health system, but also the education system, suggests a wider societal shift ([DSB], 2016). There is also an increased focus on the necessity of systemic and interdisciplinary collaboration for effective research (Hayes et. al., 2015). Simply analyzing one part of a system neglects how the other elements influence each other and precludes a holistic, comprehensive analysis, which is necessary to enact lasting change (Bolman & Deal, 2013; Hayes et al., 2015; Senge, 2006). The OIP therefore will take a systemic, inclusive perspective to integrate the complexity of the PoP components.

The Auditor-General's (2016) recommendations have created a need for the agency to evaluate transitions from our services to other community services. This includes transitions from alternative classes back to mainstream education classes. The need for change has therefore been noted and the gap in services identified (a lack of focus on transitions and consequently recognition of their importance; no related policies). Transition planning is already part of the role of the agency, and the Auditor-General's (2016) recommendations have created external pressure; these factors increase readiness (Cawsey et al., 2016).

The agency has been through many significant changes; i.e., being named lead agency for its geographical area. Many modifications have already been made in preparation for this new role; i.e., implementing data systems, and creating new positions. Staff are aware there will be many more upcoming changes. This expectation and acceptance of change also increases readiness (Cawsey et al., 2016). The agency measures client satisfaction in the form of questionnaires administered at end of service, but no specific data is collected related to transitions. Increased data collection is a future goal of the agency, due to its lead agency status, which aligns with the direction of the OIP.

An effective way of amplifying readiness involves "identifying a transformational vision based on higher-order values" (Cawsey et al., 2016, p. 113), which also fits with the OIP. Shifting the focus to how clients function after transitioning from agency services will appeal to staff values, as well as to the ultimate goals and vision of the agency. Once staff assume a wider perspective, there may be more openness to greater collaboration with all stakeholders and the educational system, and gradual shifts in organizational culture. The common goal of student success can be leveraged to encourage motivation to participate among all stakeholders.

Conclusion

The author envisions the OIP as a two-way bridge spanning both systems, children's mental health and education, that will benefit all stakeholders. This bridge will ease the transition process for agency clients and promote success in the mainstream education system. The transition between the children's mental health systems and the education system represents a crucial opportunity for greater integration and collaboration that should not be neglected. The importance of transitions often goes unrecognized. The inherent destabilization involved in transitions makes them key to making positive, lasting change. Developing an inclusive, systemic, integrative policy regarding this process is required so measurement and evaluation can ensure goals are achieved. Chapter 2 delves into planning for this change and potential methods of addressing the change process.

Chapter 2: Planning and Development

Introduction

This chapter describes the theoretical framework employed for leading and implementing the proposed changes, and why this lens was chosen. The leadership approaches are detailed using examples from the literature. Potential solutions for the problem of practice (PoP) are evaluated. A plan is outlined regarding how to communicate the need for change throughout the agency. The PoP queries: How can student transitions from the agency's alternative kindergarten classrooms back to mainstream classrooms be improved through a framework of systemic thought, and a synthesis of inclusive, integrative leadership principles?

Framework for Leading Change Process

Systems theory is the framework chosen for the change process. Systemic thought is explained, including underlying assumptions of this lens, and why it is an apt choice. The type of change required is defined. Connections are drawn between systems theory and the organizational context, including the POP.

Systems theory. Systemic thought is a conceptual framework that involves perceiving a problem in its entirety, including context and complexity (Senge, 2006). Systems theory can be utilized to depict how the contributing factors of the POP influence each other, illuminating the evolution of the problem (Fullan, 2006). Systems theory emphasizes relationships and patterns to enable a holistic perspective (Nadler & Tushman, 1989). This theory was conceived when the prevailing reductionist theory at the time, involving reducing one aspect of an issue to explain the whole, was inadequate to explain complex patterns (von Bartalanffy, 1972).

Systems theory is interdisciplinary and visually represents the interrelated levels of intricate systems, making it beneficial for organizational change (Cawsey et al., 2016; Nadler &

Tushman, 1989; Senge, 2006). Systems theory aligns with the PoP/OIP because the agency is a

system (children's mental health) situated adjacent to a larger societal system (education), with

both contained within the wider community (Nadler & Tushman, 1989). Systems theory

facilitates an awareness of points of alignment between various systems; in this case, the

children's mental health system and the education system. These connections include

collaboration between the systems, and common goals like improved student functioning;

academically, socially, and behaviourally. Systemic thought also facilitates understanding and

improving relationships. Incorporating these wider systemic and societal views into an inclusive

perspective results in the OIP recommendation to include all stakeholders in policy development

regarding transitions.

Stoll (2006) suggested the need for stronger ties between the education system and

community agencies, which aligns with the OIP. Fullan and Quinn (2016) demonstrated how

systemic thought contextualizes issues, instilling them with meaning. This deepens

understanding of the PoP and enables effective change, as predictions can be made about how

changing one aspect will impact the system (Fullan, 2006). Systems theory encourages

consideration of cause and effect relationships, which is helpful for enabling change (Fullan &

Quinn, 2016).

Researchers observed that changing one aspect of an organization is not enough to enact

enduring change, as the underlying culture of the organization remains unaffected (Fullan, 2006;

Nadler & Tushman, 1989). Fullan (2006) noted that change plans must impact the

culture/system of an organization as well as the individuals within it; change must occur at

multiple levels to create lasting impact. Schein (2010) cautioned that culture is a multi-

dimensional and complex concept, so systems theory can be utilized to conceptualize layers of

organizational culture, which includes agency management, psychologists, therapists, child and youth workers, and support staff, among others. Analyzing organizational cultures and subcultures is critical to developing awareness of power structures, which is crucial for effective change (Lumby, 2012).

Systems theory also plays a significant role in the work or output of the organization. Family therapy, derived from systems theory, is the primary treatment model at the agency. As noted in Chapter 1, the psychoanalytic ideas of Jung, and Skinner's behaviourism combined with systems theory (Bowen, 1966; Fullan, 2006), led to family therapy, which views the family as an interconnected unit (Minuchin, 1985). Family therapy is based on identifying the factors involved in the evolution of a pattern and then changing part of the system to encourage new patterns to develop (positive change). This is analogous to how the process of change works in organizations, as well, which is why systems theory aligns with the PoP/OIP.

Systems theory can help conceptualize both family therapy, which exemplifies the work of the organization, and the organization itself, structurally. It can also be utilized to understand the interrelated and dynamic process of change. Systemic thought helps improve relationships by analyzing and strengthening patterns of interaction.

The agency is part of the children's mental health system, but it is also part of the education system. Currently, the distinctions between the two systems (i.e., maximum class size of 6 in alternative classes) mean that transitions involve significant adjustments which are difficult for children. During treatment, clinicians determine which strategies are helpful for students and then communicate them to staff in the main education system, with the intent that these strategies will promote successful transitions and outcomes. However, strategies that are effective in a small, alternative environment may not work in a typical larger one; or, they may

not be easily implemented within a different system. While specialized assessments may provide in-depth information about student learning which assists with access to further resources, it remains challenging for children to transition between two such different and distinct systems.

Children feel most secure in a structured, familiar environment. Children require relationships with others to feel safe and able to learn (Hoffman et al., 2006; Szalavitz & Perry, 2010). Taking a relational perspective illuminates the problematic nature of transitions for children. How can children succeed in a new environment before they have developed these crucial relationships required for them to thrive? How can these transitions be improved for students? Perhaps they can be eliminated altogether by integrating the two systems. I feel this would likely be the best eventual solution; for example, inviting clinicians into classrooms in the main education system. Currently, though, parallel systems exist, and the agency operates within the alternative system. How can the two systems increase collaboration and integration to make transitions more seamless for children?

Due to its ability to raise awareness of cause and effect relationships, systems theory combines theory and practice (Fullan, 2006). Fullan (2006) believes this is a requirement for lasting and effective change. Inclusive leadership also combines theory and practice, as this approach focuses on processes and outcomes (Ryan & Tuters, 2015).

Inclusive leadership. Inclusive leadership involves recognizing how systems, including organizational structures and power imbalances, impact certain groups (Artiles et al., 2006). Specifically, it considers how systems of oppression (i.e., racism, sexism, homophobia, stigma regarding mental health, and so on) operate, and how to dismantle or overcome these systems (Ryan, 2006). Inclusive leadership focuses on inclusive practices and recognizing and addressing forms of exclusion and aims to minimize power differentials by sharing decision-

making power; inclusive leadership principles hold that all employees and stakeholders have the capacity to assume a leadership role (Precey et al., 2013; Ryan, 2006; Ryan, 2012).

The children referred to the alternative classes at the agency have been excluded from the regular system, primarily due to behavioural issues (also due to wider issues of discrimination; however, this is beyond the scope of the OIP). Due to their primarily liberal-influenced beliefs (mentioned earlier), agency staff believe that the education system should be shaped to fit children's needs, instead of the other way around. This led to developing individualized strategies that agency staff encourage regular school staff to implement in the main system. Sometimes this is successful, but too often problematic, due to the myriad differences between the two systems, including class size, structure, and expectations. The aspect of social justice is ignored when each student is viewed only individually (Artiles et al., 2006; Ryan, 2006). A systemic perspective promotes a wider societal view.

Social justice. Lasting change will not occur until system changes occur. Thus, incorporating inclusion and social justice into the OIP is crucial. I appreciate the importance of inclusion as a means of achieving social justice. Exploring the broader issue of why certain children are excluded from the main system will provide insights about our clients as a group. Children with learning disabilities or different racial backgrounds are more likely to be excluded from the regular education system (Artiles et al., 2006; Raven, 2005; Robinson, 2013), making the inclusion of an analysis based on power necessary. Inclusion fits the OIP and the organization; yet, alternative classes are not inclusive. As I reflected upon utilizing principles of inclusive leadership, I struggled with the duality of inclusion/exclusion, due to my preferred belief in the postmodern 'both/and' (Lather, 2009). My organization structurally exemplifies the exclusionary nature of the alternative education system, reflecting the exclusivity of the mental

health system. Adopting a fully inclusive approach to the OIP may mean advocating for the

removal of the separation between the regular education system and the mainstream system.

Eliminating alternative classes may promote greater collaboration between the education system

and the children's mental health system, as struggling students would have to remain in their

original classrooms. Education system staff would need to consider creative options which

would likely include collaborating with community resources. This will be explored further in a

later section.

Integrative leadership. There is much research to support full inclusion, which entails

dismantling the alternative system (Artiles et al., 2006; Bond & Castagnera, 2006; Ryan, 2006);

however, this does not yet reflect the reality of the current system. It is well-documented that

minorities and children with learning disabilities are disproportionately represented in the

alternative system (Artiles et al., 2006; Robinson, 2013), making the need for inclusive

leadership even more critical. Reflecting upon the duality of the arguments for and against

inclusion led me to consider integrative leadership principles (Fisher, 2016; Riel & Martin,

2017). I agree that full inclusion may be a theoretical ideal, but I also recognize that alternative

options can be beneficial in practice. For example, I have had clients who feel they do not have

a place in the regular system and struggle significantly, both socially and academically. Some of

my clients have been excluded even while technically within the main system; being taken out of

class entirely and placed in a separate room with an Educational Assistant. This occurs when the

child's behaviour is considered 'unmanageable' or 'unsafe.' It is important to recognize that

some forms of exclusion may be beneficial. For example, self-contained classrooms for gifted

children are an example of exclusion, but they may help these students meet their need for

accelerated learning while preventing them from misbehaving out of boredom.

Consequently, this issue is too complex for a 'yes' or 'no' answer. Not wanting to choose between one or the other, I wondered about a third option, as outlined in integrative thinking (Fisher, 2016; Riel & Martin, 2017). Inclusive leadership's focus on social justice and power is crucial, yet it is framed in a dualistic 'either/or' manner (inclusion or exclusion). Postmodern 'both/and' may describe the current parallel system that is evolving towards inclusion, yet two separate education systems remain (Lather, 2009). Proponents of full inclusion argue that the systemic changes required to the education system are impossible until the parallel systems are deconstructed (Artiles et al., 2006).

Integrative leadership takes a step beyond the postmodern 'both/and' to find a creative solution without having to make concessions (Riel & Martin, 2017). This also fits with Senge's (2006) vision for systemic organizational change. Although integrative thinking advocates for identifying underlying personal biases, and errors in thinking, there remains a lack of focus on systemic power and social justice. Therefore, my leadership approach will synthesize both inclusive leadership, with its focus on social justice, and integrative leadership, with its focus on creatively determining solutions without having to choose one end of a continuum over another (Riel & Martin, 2017; Ryan & Tuters, 2015). This entails integrating issues of social justice and power into the OIP by considering why certain students may have been referred to the alternative classes. Due to unequal issues of power and discrimination, this OIP may shift the focus at the agency towards collaborating with the regular system to the greatest extent prior to accepting certain referrals.

I need to convince school staff to participate as agency staff want to work together to help students thrive. As noted, the DSB and the Ministry of Education acknowledge that issues of mental health require partnerships with external agencies. Collaboration is already common

practice; clinicians work with student clients and families and attempt to determine needs, and students come to our alternative classes only after other options have been exhausted.

Agency clinicians assess each child's needs systemically by viewing his/her family, school and community context. We inclusively take a 'non-expert' approach and incorporate children's and parents' views. Social justice is inherent as our training has made us aware of power differentials and discrimination based on, for example, socioeconomic status, race, or culture. Most students in the alternative classes have been deemed 'unmanageable' in the main education system, yet alternative class placements are temporary. This means staff already work in an integrative way, as they must find a way to integrate these students back to main system after treatment. Developing transition policies and protocols will also be an integrative process, as all stakeholders will be meaningfully included. This will flatten the power differentials. For example, being included in this process will empower parents and caregivers.

As noted, a systemic, inclusive approach aligns with my worldview and the values of most agency employees. The main system needs to be meaningfully involved in developing the transition policies and protocols as the students are being transitioned. The students and families also need to play an important role. Parents and caregivers understand their children best, but it is typically the professionals who are viewed as the experts, instead of the family. It is vital to include student experiences and input as they are the ones who must integrate into the new system after an initial unsuccessful start. This OIP focuses on kindergarten classes, though, so it will be the parents and families providing input. When older grades are addressed, student input will be crucial. Agency clinicians will leverage their expertise of child development and attachment to facilitate integration by considering relationships, structure, realistic expectations, and routine.

The OIP will set a precedent regarding inclusion and integration of families and systems. The focus is on building relationships on multiple levels. The integrative piece adds synthesis and creativity to the question of 'how' to change. Integrative thought allows for the consideration of all options available instead of having to choose between two opposites (Riel & Martin, 2017). Systemic thought also encourages curiosity, openness, and minimizes the defensiveness that prevents deeper exploration of ideas (Senge, 2006).

This next section focuses on 'what' to change. Working collaboratively and integratively with all stakeholders will create a shift in perspective that will promote greater changes. Systemic shifts can lead to effective and lasting change (Hayes et al., 2015; Senge, 2006). Going beyond simply consulting with external stakeholders entails representatives of each group co-creating new policies and protocols together.

Theory will be combined with practice by following Ryan's (2006) transformative inclusive leadership model and Fisher's (2016) pragmatic integrative leadership model. Colleagues' and managers' relationships with staff in the education system will be leveraged. Clinicians will be asked to consider current or past clients/families who may be interested in participating. This process requires merging many different ideas and perspectives, resulting in a richer, interdisciplinary, and nuanced analysis. This will generate new patterns of interacting that are necessary for enduring change (Hayes et al., 2015; Senge, 2006).

Critical Organizational Analysis

This OIP identifies the process of transitioning children from an alternative kindergarten class at a children's mental health agency back to a mainstream class. Currently, the government-funded, limited resource, non-profit structure of the agency significantly restricts priorities. For example, the primary focus is on best-practice therapeutic treatment and not on

transitions or outcomes. The structural separation of the alternative classes in the children's mental health system and the regular education system have contributed to the current practice. Consequently, the agency's primary goal centres upon providing best practice treatment to clients. Yet, services are short-term, ranging from several months to a year, and eventually clients must be transitioned back to the regular education system. Widening this focus on treatment to include transitions from services; specifically, from an alternative kindergarten class back to the regular system, will raise awareness of the key role transitions play in the treatment process (Bolman & Deal, 2013). Shifting perception from a singular focus on treatment, to an expanded view of client functioning after being discharged from agency services, may create a holistic understanding of the need for the OIP. This insight will resonate with staff, as it aligns with agency values concerning best practice treatment.

Identifying these gaps (i.e., lack of understanding of the importance of transitions; no policies regarding transitions) may lead to recognition, awareness and consideration of this issue by agency employees. Utilizing a systemic approach to the OIP aligns with the primary treatment modality at the agency, family therapy, and can also be used to frame how services are offered by taking a wider perspective that includes the main education system. The Auditor-General's (2016) recommendation that children's mental health agencies examine the process of referring to other community services following discharge supported the OIP by creating an urgent need to address the PoP. It also reinforced the allocation of resources to enact the OIP. The lack of policies regarding transitions at the agency is an example of how transitions are an under-utilized aspect of treatment. This OIP argues that transitions are critical to treatment success.

In Chapter 1, Nadler and Tushman's (1989) systemic organizational congruence model is used to perceive the multivariate evolution of the problem of practice. Inputs in the model as applied to the PoP include government funding for resources, clients and their families, employees and their training and beliefs, societal stigma about mental health, referrals from school staff and general physicians, and the culture and history of the organization (Nadler & Tushman, 1989). Strategies involve dividing the agency into teams which increases collaboration and efficiency. Work at the agency includes treatment options and decisions involving the clients and their families, due to the organization's systemic beliefs and family therapy model. The organizational structure is a professional bureaucracy (Mintzberg, 1979).

Work includes treatment methods and assessments such as family therapy, group therapy, play therapy, parenting skill-building, psychological assessments, and psychiatric consultations. The culture involves pride in working with the most troubled children and support for fellow staff. Agency staff often refer to themselves as a 'family'. Best practice treatment combined with challenging, rewarding work results in a functional, successful, efficient agency. Expanding perspectives to consider transitions will shift focus to long-term outcomes and a consideration of wider societal forces. There will be increased collaboration with external professionals and a decreased feeling of isolation from the main education system.

The lack of any policies regarding the transition process at the agency is primarily due to the focus on best practices treatment while clients are accessing services, as well as limited resources at a non-profit, government-funded organization. The proposed change inclusively involves all stakeholders (children, parents, school staff, agency staff) in developing a policy regarding transitions. This type of change responds to the Auditor-General's (2016) recommendations that agencies begin to focus on transitions from agency services. It is also

incremental, as developing policies or reviewing and updating current policies are commonplace occurrences at the agency.

It is anticipated that this small change will be the start of a significant cultural shift towards wider perspectives; specifically, how the agency fits into the wider community and how increasing collaborations with stakeholders (students, parents, agency staff and school staff) can positively impact students. Working collaboratively with all stakeholders integrates students and parents into the process and gives them an equal platform to express their views. This demonstrates how necessary their views are in developing policies and protocols that directly impact their children, empowering families and equalizing previously uneven power relationships. It may engender an expectation to meaningfully participate in their child's education. Agency clinicians already work systemically and utilize family therapy as a treatment modality, making families a significant part of treatment (i.e., children are not seen individually but are viewed in context, and treatment includes their families).

Due to the well-documented rise of anxiety in children and youth, there is a new focus on student well-being and mental health related to learning, not only within the children's mental health system, but also the education system ([DSB], 2016). It is now widely understood that children who do not feel safe and secure in the classroom are unable to learn (Hoffman et al., 2006; Powell et al., 2014; Szalavitz & Perry, 2010). This feeling of safety and security is derived from relationships with teachers and peers. There are also other factors unrelated to school, like trauma/abuse, for example, but these are addressed in therapy. Children transitioning from a different class have not yet developed these relationships necessary for success. Taking this relational perspective illuminates the inherent difficulties involved in transitions and the recognition that children will struggle unless significant changes are made.

New understandings regarding emotional well-being support the development of initiatives related to student mental wellness (i.e., treatment, transitions, and outcomes). The parallel, increasing focus on the necessity of systemic and interdisciplinary collaboration for effective research further strengthens the choice of a systemic, inclusive, integrative approach (Hayes et al., 2015; Senge, 2006). It has been demonstrated that simply analyzing one part of a system neglects how the other elements influence each other and precludes a holistic, comprehensive analysis (Bolman & Deal, 2013; Hayes et al., 2015; Senge, 2006).

The fact that the government recently named the organization as a 'lead agency' for its geographical area also increases readiness for change. Employees expect changes and expanded responsibilities in conjunction with this new role as lead agency. Once awareness and readiness are raised, potential solutions can be evaluated. These possible solutions will be explored in the next section.

Possible Solutions to Address POP

Three potential solutions will be described and evaluated. The first solution includes maintaining the status quo but developing new organizational priorities such as incorporating a focus on transitions. The second solution involves eliminating alternative classes altogether, and the third solution focuses on developing an inclusive, integrative policy regulating transitions.

Maintaining the status quo. One solution is to maintain the status quo at the organization (i.e., not having a specific policy related to transitions). Instead, the focus could be on raising awareness of the importance of transitions by expanding employee perceptions on how clients manage after they are discharged from services. This new awareness may create a gradual shift regarding the need to focus on transitions. The agency could actively decide not to develop a transition policy, due to the current and strongly-held cultural view that transitions

should not be standardized, and that each student requires an individualized transition. This is the easiest solution and requires the least amount of resources. However, it does not address the current lack of accountability, or the transitions that were unsuccessful. There is no problem-solving, and no clear benefit to students.

Eliminating alternative classes. A second solution may be to eliminate alternative classes, which would also eliminate the need for transitions. It is beyond the scope of the OIP yet should be considered as a potential resolution of the transition problem. Dismantling the alternative education system is a drastic solution, as the infrastructure and programs are already in place, and have been for years. The children currently in residential treatment programs would need to be integrated back to the main system, which would mean taking buses to their home schools. Most of these children are unable to be managed in the regular system without treatment, so this solution would require too much change, too soon. There may be unforeseen consequences for such an approach.

It would be difficult for children to receive treatment for the causes of their behaviours and inability to manage in the mainstream system. Students may remain in the main system and create havoc with disruptive and aggressive behaviours or may be taken out of school entirely. It could be unethical to simply close these classrooms without having appropriate supports in place. This choice would require intensive study, research, and planning. Such a massive change would require incremental implementation to manage unanticipated outcomes. However, it would fit with a fully inclusive perspective.

Developing a transition policy. The third solution is to create a policy regarding the transition process. This is an achievable goal. The agency already plans student transitions, so this is not a new role. It regularly reviews and creates new policies, and there is already an

established process in place. New initiatives or community collaborations are typically

developed by forming working groups composed of involved and/or interested staff and

community partners, including clinicians and management. This model can be used to develop a

transition policy. Middle managers inquire which staff choose to be involved in the task force to

develop a new policy.

The work involved in creating the new policy is part of the usual work day, so there is no

overtime or extra pay required. It does require attending meetings, providing input, and coming

to an agreement upon how the policy should be developed and what should be included. It also

involves creating written drafts, regular editing, and making proposed changes. In this case, the

policy development process will include all stakeholders. Kindergarten students are too young to

meaningfully participate but parents/guardians and clinicians will advocate for them; other

stakeholders include school and agency staff. Kindergarten students are outpatients so there are

always parents or guardians involved. Older students may have agency staff, Children's Aid

workers, or foster parents advocating for them.

It is crucial to include both internal and external stakeholders as the transition process

bridges two distinct systems: the children's mental health system and the main education system.

This increases complexity but raises awareness of the benefits of collaborating with families,

students, and schools in new and productive ways. Families and school staff are already invited

to meetings yet including them in policy development is rare. Incorporating all stakeholders will

promote recognition of the benefits of this practice and encourage its continuation. This aligns

with the OIP's systemic, inclusive, integrative perspective.

Communication regarding the policy development process can be sent out to agency staff

and education system contacts. If this process is repeated for older grades, students will need to

be included, but as we are starting with the kindergarten class only, parents and clinicians can act as their advocates. Families of past and current students will be invited to join with agency clinicians and school staff to be part of the working group. If they choose not to be involved, or are unable to, they can still contribute their opinions through questionnaires, interviews, or written comments. Other agencies can be canvassed to learn how they approach the transition process. It will be illuminating to consult with other organizations and fits with the systemic lens.

To maintain confidentiality, students and families will be approached by their primary worker (clinician) at the agency and asked if they would like to participate, either by joining the working group or perhaps just providing written or verbal input. The group will then meet bi-weekly to collect and evaluate stakeholder input and develop a template for a new policy. The template will require approval by upper management prior to implementation by clinicians.

Recruiting stakeholder members for the task force requires leadership (Fisher, 2016). Stakeholders will be persuaded to participate in the OIP formally through direct education and appeals as well as informally, by leveraging the connections of agency management. Meetings need to be held during times when most stakeholders can attend. Fortunately, agency staff have flexible schedules as we work with children and families and often have meetings after school or during the evening. If some stakeholders would like to participate but are unable to attend meetings, the meeting times may be variable and/or people could participate via conference call and/or email. Also, some stakeholders may not be willing to participate in the entire process (six months to one year) but instead may simply want to submit their input on a one-time basis. In this situation, a task force member can gather this information and share it with the larger group.

Ryan (2006) notes that developing an inclusive policy requires inclusion on multiple levels: the development process needs to be inclusive, and the policy itself should embody inclusion. Including all stakeholders may be logistically demanding, but is necessary to adhere to the inclusive, systemic framework. It will provide multiple and varied perspectives, leading to a more nuanced and comprehensive understanding of the issue, resulting in greater chance of effective and lasting change (Senge, 2006). Once the draft policy has been created and approved, the task force decides how the policy should be implemented. Typically, new policies are emailed to all staff, and copies are added to policy manuals. Each new policy is implemented and then evaluated to ensure it is achieving desired goals. Policy implementation will be continuously monitored and evaluated to confirm it is positively impacting transitions and to proactively address any issues that arise. The method of monitoring and evaluating the OIP process is detailed in Chapter 3.

Ensuring the process is inclusive, integrative, focuses on social justice, and meaningfully includes stakeholder input requires strong guiding leadership (Fisher, 2016). The success of the OIP depends upon members of two distinct systems and families all working together efficiently and effectively. This will break down barriers between groups and create shared motivation and collaboration, as well as send a powerful message by initiating a new integration among all stakeholders. Developing a new policy will take several months of regular meetings, but should not significantly impact wait times for services, as only a few clinicians will be involved, in addition to management/team leaders and stakeholder representatives. It will not require creating new positions or hiring new employees. It is funding-neutral. It is expected that this systemic, inclusive transition policy will improve collaboration and understanding between the two systems (children's mental health and the education system). This will be beneficial not

only for students, but also all stakeholders. More successful transitions benefits students, families, school staff and agency staff. Families and students will also have a greater sense of agency and empowerment.

There may be resistance from staff already involved in transitions. They may feel they are losing their power over the process. To address this, I will hold a meeting with clinicians and staff involved with the alternative kindergarten classroom to explain the crucial nature of transitions by utilizing a relational approach to demonstrate how necessary transitions are to successful treatment and outcomes. Developing policies and protocols to regulate the transition process will benefit students and fit with the agency's focus on best-practice treatment.

Choosing policy and protocol development. Upon analysis, developing a policy is the best solution as it is an achievable change that fits with agency values, protocol, and culture. Further, it will lead to accountability of transitions and the ability to monitor and evaluate this crucial process. Including stakeholder views will promote greater collaboration and cooperation between the systems involved. Leadership is required to engage stakeholders and maintain progress while utilizing inclusive and integrative principles. Developing new policies and protocols is standard practice but including all stakeholders in co-creating them is innovative. This will set precedents regarding greater integration and collaboration between the systems, and full participation by parents and students in school and treatment procedures.

Leadership Approaches to Change

Inclusive leadership. Inclusive leadership principles synthesized with integrative principles are the chosen approaches because they fit with the organization and the OIP. Inclusive leadership has similarities to other forms of leadership (i.e., servant leadership; distributed leadership) (Ryan, 2006). Servant leadership aims to invert typical power hierarchies

to bestow greater power on employees than on the leader; however, inclusive leadership attempts to even out power differentials by distributing power as evenly as possible among stakeholders (Ryan, 2006). Distributed leadership also contains this aspect of distributing power, yet inclusive leadership deliberately works towards reducing barriers to equality with the goal of greater 'recognition' and access to resources for marginalized groups (Artiles et al., 2006; Precey et al., 2013). As noted in Chapter 1, the agency has a flattened power structure. Therapists are professionals with power over how treatment is offered (i.e., which therapeutic methods are utilized). There is also power inherent in presenting workshops in the community, as clinicians represent the organization while doing so. Agency managers make it clear that their role is to support clinicians to perform their jobs. Clinicians are welcome to offer opinions about changes and even to suggest making changes. Transitions are a part of treatment and therefore it is completely acceptable to suggest examining this aspect of treatment. Management will support me in co-facilitating the working group due to my research and expertise on student transitions.

Inclusive leadership entails obtaining stakeholder input and developing inclusive policies by meaningfully utilizing this feedback (Ottesen, 2013; Ryan, 2006). Developing inclusive policies, such as a policy regarding the transition from alternative classes back to mainstream education classes, is a key part of the inclusive leadership framework (Ottesen, 2013; Ryan, 2006). Differing views are welcomed as valuable learning opportunities that strengthen the OIP and increase collaboration among stakeholders. An inclusive, collective leadership process is also needed to make necessary changes to organizational culture at the agency. For example, expanding organizational perspective to include transitions. Collaborating with students and families gives them a voice and empowers them by providing a previously lacking sense of agency and ownership, as well as the opportunity to influence the transition process. Co-creating

policies and protocols with the mainstream system will begin to dismantle barriers between the systems, resulting in a truly integrative, interdisciplinary process. This will promote changes to organizational culture that include viewing the agency within wider societal systems (Cawsey et al., 2016).

As well, this view will lead to reflection on student perspectives and treatment outcomes among agency staff, creating willingness to address the OIP. Incorporating the views of all stakeholders embodies inclusive leadership.

Integrative leadership. The integrative aspect will embed flexibility and creativity in the transition policy. For example, making exceptions to fulfill client needs is a significant part of the culture at the agency. Helping children and families by providing what they need is a point of pride at the agency (i.e., outpatient treatment is limited to six months, but if a client would benefit from further treatment he or she can access more services). Individualized strategies will be embedded into the policy, but with a caveat: personalized strategies are valuable for students yet may ignore deeper issues of bias as a personalized approach looks at individual needs only, precluding an awareness of deeper levels of discrimination (Artiles et al., 2006). The inclusive leadership approach will help identify issues of discrimination with the aim of addressing these systemic barriers and promoting equity and social justice (Artiles et al., 2006).

Fisher's (2016) model of integrative leadership will be utilized to ensure the goal of developing integrative and inclusive transition policies and protocols is achieved:
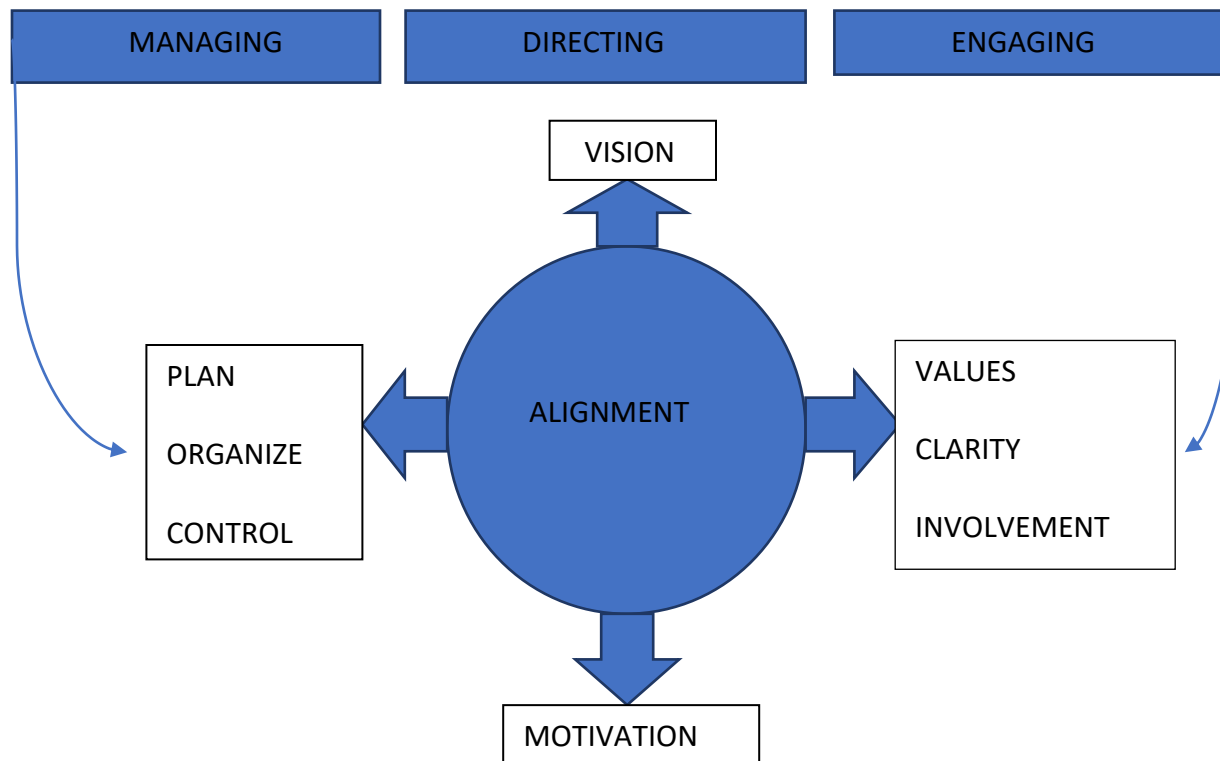
Figure 2.1. Adapted from *The thoughtful leader: A model of integrative leadership.*

By Fisher, J., 2016, Toronto, ON: University of Toronto Press, p. 98.

Fisher (2016) notes that integrative leadership skills can be learned and involve *managing* ("planning, organizing, control"), *directing* ("vision, alignment, motivation"), and *engaging* ("values, clarity, involvement") (Fisher, 2016, p. 99). Achieving inclusive leadership principles entails motivating and engaging a team of stakeholders who will participate in the working group to develop a transition policy (Fisher, 2016). I will implement the change plan by recruiting the working group members and then supervising throughout to ensure the policy development

process adheres to integrative ideals (Fisher, 2016). Integrating variable views into a cohesive

plan is challenging, but achievable with an effective group facilitator.

As a therapist, I have been trained in group facilitation techniques, which include

noticing and managing group dynamics; creating a safe environment for opinions to be expressed

and staying focused on goals. Facilitation techniques also include creating space for and

encouraging the balanced input of all participants. This involves noticing and pointing out

commonalities between disparate perspectives and treating all views with respect. Stakeholder

input regarding achieving optimal transitions will be considered while developing integrative

solutions. Inclusive leadership requires sharing decision-making power. The working group will

coordinate the collection of ideas from each group of stakeholders and inclusively make

decisions to develop the policies and protocols to regulate the transition process. Again,

leadership is required to inspire and recruit participants from each stakeholder group, and to

ensure goals are achieved (Fisher, 2016).

Communicating the Need for Change

Leadership is crucial to communicate the need for change; specifically, to raise

awareness of the importance of transitions and the gap in services that exists when there are no

policies regulating this significant issue. Incorporating stakeholder input means this process will

be interdisciplinary, allowing for greater variability in ideas and feedback, as well as a higher

likelihood of lasting change (Cawsey et al., 2016). I will communicate that transitions are a

crucial and under-utilized aspect of treatment. This OIP is about building reciprocal

relationships between individuals, groups, and systems.

Including all stakeholders in the policy-making process is new for the agency. Often the

process is entirely internal. However, greater collaboration with community partners is a goal of

the agency and so there have been times when external professionals have been invited to participate in developing a new policy. Still, the inclusion of all involved stakeholders is a new undertaking and will result in shifts in organizational culture. The goal is improved collaboration and connections because successful student outcomes will be easier to achieve when the two systems increase integration.

Collaborating with the school system by inviting them to engage in the policy and protocol development process demonstrates the partnership that we have and illuminates our shared goals (student success and well-being; satisfied parents). It indicates our willingness to work together and increase involvement between the two systems. Greater collaboration between the organization and the community will ease the transition process for students and families. Functioning well in an alternative educational setting does not necessarily translate into success in the mainstream setting, unless the two systems strengthen alliances. Therefore, the views of students, peers, parents, school staff and clinicians will all be meaningfully considered in evaluating how to improve transitions from alternative classes to mainstream classes.

As noted previously, parents/guardians and student input may only be solicited at a superficial level. This OIP aims to changes this as an inclusive, integrative process entails meaningful participation from all stakeholders but perhaps especially the students and families themselves. Inclusive leadership in theory has many benefits, but in practice may be complicated to execute. For example, obtaining the views of all stakeholders in meaningful ways can be logistically difficult and time-consuming. Effective leadership is crucial to ensure the process meets the inclusive, systemic, and integrative goals of the OIP.

Streamlining the transition process and strengthening collaboration between the two systems will support students through this process. As indicated earlier, children need to feel

safe and secure to learn; this requires attachments with others (Hoffman et al., 2006; Powell et al., 2014; Szalavitz & Perry, 2010). The more supported they feel, the more prepared they are, and the more their input is considered, the more likely the transition will be successful. The OIP applies this idea to the relationships between families, education, and the children's mental health system.

Developing a transition policy is an achievable goal. Incorporating stakeholder views will make the transition between the children's mental health system and the mainstream educational system as integrated as possible. Systems thinking helps to view the PoP in context and develop a wider perspective, yet perhaps this may mean pertinent details are missed, or preclude deeper analysis of specific areas. It is important to be aware of the underlying assumptions and limitations of the theoretical perspectives chosen (Argyris, 1995). The working group will incorporate differing views and solicit feedback (Argyris, 1995; Senge, 2006). This will promote deeper analysis and learning. The policies and protocols that are developed will be preliminary; as they are implemented they will be continually monitored, evaluated, and adjusted to ensure intended goals are being achieved. The task force leader will incorporate inclusive and integrative principles into the process.

Barriers to implementation may include reluctance of staff to make further changes if the policies and protocols are not viewed as worthwhile or necessary; which is why effective communication of the vision is so crucial (Cawsey et al., 2016). Some staff may believe the education system is too disparate from the children's mental health system for meaningful collaboration to occur. However, the Auditor-General's report (2016) has created the pressure required to shift the focus to transitions. An understanding of the connection between successful transitions and treatment aligns transitions with agency goals regarding clinical best-practices.

This will create a shift in organizational culture. Once agency staff begin to assume this wider perspective, the alignment of the OIP with agency values will promote staff motivation and inspiration.

There may be problems recruiting all stakeholders. For example, representatives of the main education system may feel hesitant to participate in the agency policy-making process. Parents may not feel comfortable with this professional process, either. Following inclusive and integrative leadership principles will ensure that all stakeholders feel welcome, have a voice, and are encouraged to provide meaningful input into this process. Flexibility will be required. For example, alternating meeting times, allowing stakeholders to contribute their views in various ways including written format, video, or interview as opposed to being present if this is not possible or desired.

Other barriers to implementation may be if agency leaders choose to scale down the OIP due to limited resources. It is important to emphasize that utilizing an inclusive, systemic framework entails obtaining the meaningful input of all stakeholders. No funding is required: Participating in the working group is on a volunteer basis. Managers will adjust the caseloads of involved clinicians to allow them to participate in working hours. The alignment of systemic, inclusive and integrative thought with agency staff values, as well as with organizational structure, make these frameworks sound choices to frame the OIP.

Conclusion

The inclusive, integrative leadership lens and the systemic framework offers a multi-disciplinary, equitable, social justice perspective that aligns with the work, underlying beliefs, and values of agency staff. Therapists are taught to take a non-expert, systemic approach so as not to blame the individual, as this prevents positive change. Instead, therapists are taught to

view the individual within the larger system, the family and community, to understand patterns and work on altering unhealthy patterns to promote well-being. We need to therefore look beyond individual students to visualize their overall context and how they fit into their systems of family, community, treatment, and education. Systems theory fits with inclusive, integrative leadership as both involve considerations of patterns and collaborative relationships. Systemic thought aligns with the agency due to systemic training, the team structure, and the professional bureaucracy structure (Mintzberg, 1979). Professionals tend to require inclusion and collaboration to enact change; and the pace tends to be slow, which is why incremental change, like developing new policies and protocols, is recommended (Mintzberg, 1979).

This chapter has outlined why systems thought, inclusion and integrative leadership principles were chosen to advance the OIP regarding developing transition policies and protocols from alternative classes to the main education system. These lenses were utilized to perform a critical organizational analysis to determine what to change. Possible solutions were described and evaluated. The leadership approach will be inclusive and integrative. How the need for change will be clarified to the agency and all stakeholders was explained. Chapter 3 will focus on how the OIP will be implemented, monitored and evaluated. It will also describe how the change plan will be communicated to the stakeholders.

Chapter 3: Implementation, Evaluation, and Communication

Introduction

Chapter 3 outlines the change plan regarding how to improve transitions for children being integrated from alternative kindergarten classes at a children's mental health agency, back into mainstream classes. Currently there are no specific policies and protocols regarding this process. The proposed changes involve collaboratively developing these transition policies and protocols jointly with all stakeholders (students, parents, guardians, school staff, agency staff). This requires building safe and trusting relationships among stakeholders. This chapter describes how the proposed changes will be implemented, and how these changes will be tracked and assessed. Ethical considerations are illustrated, and the specific plan to communicate the changes to the organization is explained. Future reflections and directions are suggested.

Change Implementation Plan

Conzemius and O'Neill's (2002) SMART goals template was utilized to outline the specifics of the change implementation plan. It asks if the plan is *specific*, *measurable*, and *attainable* as well as about expected outcomes *(results)* and *time limits* (Conzemius & O'Neill, 2002), as shown in Table 3.1. The specific plan is to develop policies and protocols related to transitioning students from alternative classes to mainstream education classes. The framework utilized is systemic, inclusive, and integrative. All stakeholder groups (students, parents, agency staff, and school staff) will be included. The plan is realistic as policies are regularly developed at the agency, so there is a basic template to follow. Developing policies is not a new initiative and will not require funding or new positions. Including all stakeholders is a new concept but is achievable. No overtime is necessary, but extra time is needed. Clinician caseloads will be temporarily reduced to address this need. The initial process is expected to take between six and

twelve months. The result will be draft policies and procedures regulating the transition process.

These draft policies will be continually monitored, evaluated, and adjusted accordingly.

Table 3.1

Stages/Action Steps of the Change Implementation Plan

In what ways is your plan SMART?	
SPECIFIC – Goals should include strategies and details (Who, what, how etc.).	- All stakeholders including agency clinicians & management, students, parents, teachers & school staff will be either directly involved, or represented, to comply with systemic, inclusive, integrative framework - Formative plan to monitor process of developing policy/protocols to regulate transitions from alternative K classes at agency back to mainstream classes - A working group with representatives of all stakeholders will develop policy & protocols - I will co-lead working group utilizing inclusive, integrative principles
MEASURABLE – How will you know you are making progress?	- A summative evaluation will be completed to ensure goals are being achieved - Feedback continually solicited and ongoing changes made - Developing an inclusive, systemic, integrative policy is the first step and it is expected to be an ongoing process, not an end but a beginning.
ATTAINABLE - Is your goal realistic given resources available?	Yes, the agency already has a well-established process for developing new policies, so there are existing templates to follow. External stakeholders are regularly consulted when policies and protocols involve interactions with external systems. This OIP proposes a process that goes beyond consultation and involves the co-creation of new policies/protocols, ensuring the process is inclusive, integrative, collaborative and effective

	• Yes, it is realistic to develop a new policy as policy review and development is a usual, ongoing occurrence at the agency.
	• Working group meetings will occur as part of the work day, but can be during evenings, if necessary. Likely meetings during the day will be well-attended except that this excludes many teachers. Learning Support Teachers, though, have different schedules and could attend during the day. Or meetings could be held directly after-school. To include parents, it may be necessary to have at least some meetings later in day. Agency staff are used to working unusual hours as we work with families.
	• No overtime required, but extra time is needed
	• Caseloads may be adjusted to account for extra time, but only for a few months. Staff encouraged to join committees and working groups, so it is already part of job description
	• No new positions or funding required
RESULTS – What are the anticipated outcomes?	• A draft policy process that is inclusive, systemic and integrative will be developed (meaning the working group will explore the differences between the two education systems and develop a new policy that addresses, regulates and improves the transition process).
	• It is anticipated that this focus on transitions will promote the importance of transitions and lead to an expanded perspective of treatment and outcomes.
TIME BOUND –State when you expect to accomplish the goal.	• The policy development process will take up to six months, plus another six months to monitor and evaluate the implementation process.
	• The process will be continually

	evaluated throughout by obtaining feedback from stakeholders to ensure goals are being achieved. • Overall the entire policy development and implementation process may take approximately one year with ongoing evaluation and changes.

Note. **Adapted from *The Handbook of SMART School Teams* by A. Conzemius and J. O'Neill, 2002, National Educational Service.**

Alignment of change plan with overall organizational strategy. Developing policies and protocols is an ongoing process and part of the usual organizational strategy at the agency. Developing new policies and protocols related to transitions is not a new initiative, as transitions are already part of our job description. Further, the Auditor-General's (2016) recommendations related to examining how the agency transfers clients to external services following treatment creates an expectation that the transition process will be examined and addressed.

Clinicians take a systemic, relational perspective, so they understand the importance of relationships and connection for students. They also comprehend that transitions involve a lot of changes and are therefore difficult for children. Once clinicians explore transitions more closely, their crucial nature will be apparent.

The overall organizational approach at the agency focuses on best practice treatment for clients, so existing policies are reviewed and revised annually. Incorporating a recent emphasis on collaboration with community agencies aligns the change plan with the organizational strategy, as it involves this collaboration, and is also aimed at improving transitions for students. The accompanying societal shift towards greater collaboration among agencies in general (i.e., within the children's mental health system, as well as the regular education system), supports the

change plan. Again, the Auditor General's (2016) recommendations to focus on transitions from services and outcomes bolsters the change plan, because the audit results have compelled agency management to find ways of addressing the suggestions by exploring transitions.

Improved situation for other stakeholders. Transitions are a crucial element of positive change. Making transitions more effective will improve student experiences of transitions, and support outcomes for students. Families and/or caregivers will also have a greater sense of agency, feel more engaged with their child's education, and be recognized as an integral part of the system. School and agency staff will feel more optimism and motivation regarding their work with students. Greater collaboration and integration between the alternative education system and the mainstream system will be beneficial for all stakeholders as it will lead to increased alliances, cooperation, and integration.

The systemic, inclusive, integrative approach to the policy development fits in with agency staff and management values, as well as organizational culture. As noted earlier, there are currently no policies regarding transitions. This is due to a cultural belief in personalized strategies for each client/student. The lack of a policy regulating this key process means it often becomes an afterthought. There is therefore no recourse or resolution if the transition is unsuccessful. Incorporating a broader social justice perspective expands the analysis beyond the individual and promotes acknowledgement of why students may have been referred. It also allows scrutiny of the transition process. For example, how likely is it that strategies developed in a different environment can successfully be transferred to a different system? What about the transition itself? Its importance has not yet been recognized. The OIP aims to change this by shining a spotlight on transitions. It is expected that once this process is examined, staff will

arrive at similar conclusions regarding the necessity of successful transitions for effective

treatment.

Artiles et al. (2006) pointed out that individualized strategies preclude an awareness of

the layers of discrimination that students may experience. It is therefore necessary to view

transitions from a wider lens that includes the student's individual needs, but also incorporates

wider societal issues. This exemplifies the systemic, social justice nature of the inclusive

perspective. To avoid the dualistic 'either/or' nature of inclusion and exclusion (as alternative

classes are a form of exclusion), the integrative approach is utilized (Fisher, 2016; Riel & Martin,

2017). This entails a policy development process involving all stakeholders: students, parents,

school staff and agency staff. It explores the distinctions and differing underlying values and

beliefs of the children's mental health system alternative classrooms compared with the regular

mainstream education system.

The policy needs to be dynamic and systemic to raise awareness of individual student's

needs, family needs, and wider school or agency issues, in addition to the influence of societal

factors. Specifically, transitions can be tailored to meet the needs of each student, while also

incorporating issues of social justice. The policy must be inspiring and achievable for all

stakeholders. This process will require continual feedback, ongoing adjustments and many

iterations before implementation. As implementation begins, the process will be monitored and

evaluated to ensure goals are achieved. This will be detailed in the Change Process Monitoring

and Evaluation section of this chapter.

The goal is to improve the transition with the expectation that this will benefit students.

The priority is to ensure that the policy development process adheres to a systemic, inclusive,

and integrative framework. All stakeholders must have input into this process. Representatives

of each stakeholder group will be encouraged to participate: clinicians will volunteer as they can participate during their usual work day (their supervisors will reduce their caseloads temporarily until the process is complete). Clinicians can be asked about present or past clients/families that may be willing to participate. I will ask managers to leverage their relationships with school staff to encourage learning support teachers to participate, as they typically attend our transitions meetings, and they have flexible schedules to attend meetings. I will explain to potential recruits that we share the same goals (student success) and the same 'clients'/students. We need them to participate as we are transferring students into their system, and we need to know what the possibilities are.

If a stakeholder is unable or unwilling to participate in the entire process, input can still be provided (verbal or written) that will be utilized by the working group. The structure of the agency will not change; instead it is expected that points of alignment and connections will be created between the dual education systems. Eventually the two systems may become much more integrated, but the OIP addresses the beginning stages of this evolution.

Understanding stakeholder reactions to change and incorporating feedback. Feedback will be not only welcomed but also solicited during the policy development process (Argyris, 1995; Katz & Dack, 2013). Proposed changes must be agreed upon by all stakeholders, making leadership crucial throughout the entire process. I will utilize Fisher's (2016) integrative leadership framework (as depicted in Figure 2.1 in Chapter 2). Leadership is critical to ensure that each stakeholder group has equitable input into the policy development (Ryan, 2006). Leadership also ensures the process progresses smoothly and efficiently (Fisher, 2016). I will co-lead the working group to mobilize, motivate and engage, while employing inclusive and integrative leadership principles throughout. It is crucial to motivate current

agency kindergarten classroom staff to participate as they have first-hand knowledge of this process. Our kindergarten class only runs half a day, so agency classroom staff are available to participate in the working group in the afternoons.

It is necessary to be mindful of how certain influences have impacted my view of the OIP by considering alternate perspectives, seeking feedback, and utilizing self-reflection to increase self-awareness (Argyris, 1995; Avolio & Hannah, 2008; Senge, 2006). Obtaining multiple views regarding the vision for change provides valuable information to change agents by expanding their perspectives and illuminating different views of the issue previously hidden by unexamined assumptions (Cawsey et al., 2016). The working group will also use self-reflective techniques and solicit feedback, as per Katz and Dack's (2016) *learning conversations* framework (described in a later section).

Other supports and resources. Time will be required, but agency staff will participate in the process during regular work time, so that no overtime will be necessary. No new positions or funding are required. This will be a voluntary process. I will use my influence as an informal leader to encourage staff to participate; I will do this by presenting my alternate view of transitions. Interested staff will be invited, through email or verbally, to join the working group. Managers will encourage staff typically involved in transitions to participate so that they can influence the policy development. Managers can temporarily reduce clinician caseloads to allow them to participate. The impact on the waiting list will be marginal as staff are encouraged to participate in committees and working groups. This may entail a longer wait time for service, but nothing significant, as clinicians are encouraged to regularly participate in committees and working groups, as well as attend trainings. It is expected that up to three clinicians will join the working group; this number will not significantly affect the length of the wait list.

There will be no need to attend every meeting as minutes and information can be shared in other ways, such as e-mail. The process is expected to take between six months and one year, and then the draft policy will need to be approved by upper management prior to implementation.

Potential implementation issues. The fact that the agency was recently named the Lead Agency for its geographical area by the Ministry means that change is expected. There is therefore increased readiness and acceptance for change. However, many significant changes have already occurred at the agency (i.e., new software system, new assessment tools), which may mean staff are becoming fatigued with the pace and amount of change. This may result in a lack of enthusiasm or even resistance towards developing a new policy. However, agency staff want treatment to be successful so that clients will do well after they leave our services. It is anticipated that raising awareness of transitions and their inherent challenges will motivate and inspire staff. Further, management will frame the change as a positive way to help clients thrive once they leave our services. This aligns perfectly with agency values and beliefs.

It is necessary to ensure that there are representatives of all stakeholders in the working group, and that others who cannot or prefer not to participate in the entire process at least have had their input considered. I will do this by utilizing Fisher's (2016) integrative principles and Ryan's (2006) inclusive ideals.

Limitations. There is a chance that school staff may decline to participate in the process due to a belief that transitions are not within their purview; that only one system should assume responsibility; or, perhaps be of the opinion that the two systems are too distinct to collaborate successfully. Transitions admittedly are a complex issue with multiple contributing factors. Yet that is why collaboration is so crucial. The education system and the children's mental health

system are inextricably linked. Classroom teachers at the agency are employed by the District School Board. The agency has a focus on treatment, and successful treatment strategies are critical to successful transitions (not just academic strategies). Therefore, the focus will be on how greater collaboration between both (the alternative and the main education systems) is required to help all students thrive. Relevant policy/program memorandums (noted earlier) from the Ministry of Education also support collaboration. Further, the fact that transitions involve significant interactions and involvement with the regular education system provides need for both systems to work together.

It is expected that joining with all stakeholders will set a precedent for alliances with parents, students, and external systems. This collaboration will start with the joint policy and protocol development process. This model of working integratively will be encouraged to continue. The complexity inherent to transitions includes acknowledging the many complicated relationships involved. For example, students may experience feelings of failure and rejection, while parents may experience powerlessness amidst feelings of blame and shame. Other families may feel grateful for the opportunity to access greater resources. School staff and clinicians may feel frustrated with one or both systems. However, it is important to recognize how these feelings may impair participation in the process unless identified and acknowledged in a respectful way. An experienced facilitator is needed to guide the policy development process. Stakeholder participants need to feel secure to provide valid feedback.

Other limitations include my personal biases. I have actively avoided developing a template for a new policy or protocols because this needs to be collaboratively constructed with input from all stakeholders. However, as co-leader of the working group, there will be a temptation to steer the process in ways that align with my beliefs. This can be mitigated by

having stakeholders alternate chairing meetings. This entails sharing leadership, which is consistent with inclusive leadership principles (Ryan, 2006). As recommended by Argyris (1995), feedback will be sought throughout the process. Reflective thinking practices will be employed, as well. It is crucial to act ethically and focus on inclusive, integrative principles. Katz and Dack's (2016) *learning conversations* framework (outlined in following sections) ensures the process will be balanced and integrative.

Change Process Monitoring and Evaluation

The Plan-Do-Study-Act (PDSA) method. Moen and Norman (2009) describe utilizing theory to *plan* a project carefully and set goals for change. The plan is the OIP. The next step, *do*, involves implementing the project and then analyzing the data to see if predictions were met and goals achieved. This involves action and then evaluation as will be involved in the policy and protocol development process. The *study* step includes summarizing the data and completing the analysis. It is important to document observations judiciously and note any unexpected outcomes (Moen & Norman, 2009). The next step, *act*, comprises a decision process of what changes will be made during the next implementation cycle, as shown in Figure 3.2.
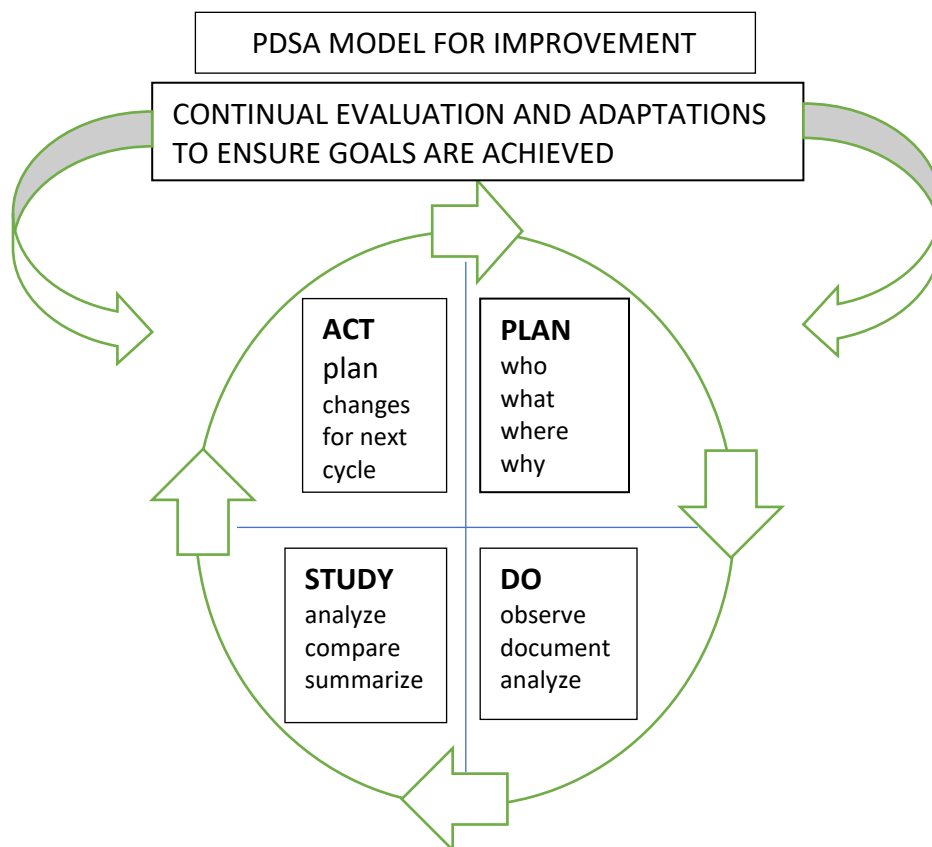
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┌─────────────────────────────────────┐
│     PDSA MODEL FOR IMPROVEMENT      │
└─────────────────────────────────────┘
┌─────────────────────────────────────┐
│  CONTINUAL EVALUATION AND ADAPTATIONS│
│  TO ENSURE GOALS ARE ACHIEVED       │
└─────────────────────────────────────┘
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ACT
plan
changes
for next
cycle

PLAN
who
what
where
why

STUDY
analyze
compare
summarize

DO
observe
document
analyze

Figure 3.2. Adapted from *Evolution of the PDCA Cycle, M*oen, R., & Norman, C., p. 9,

2009. Retrieved from:

http://www.uoc.cw/financesite/images/stories/NA01_Moen_Norman_fullpaper.pdf

These cyclical steps allow for continual adjustments and alterations, making this method

ongoing and iterative (Moen & Norman, 2009). Specifically, the new policy and protocols will

be implemented with student transitions. The following information will be gathered: input and

feedback from students, parents, teachers, and agency staff. As an inclusive, integrative co-

leader, I will be responsible for contacting each stakeholder and requesting this information in

whichever format is preferred: verbal, telephone conversation, e-mail, or face-to-face meeting.

The working group will schedule a meeting to discuss the feedback and decide upon next

steps/changes, as per the PDSA method (Moen & Norman, 2009). I have built the OIP on a theoretical framework including systemic, inclusive, integrative thought. The *doing* step involves the learning conversations protocol to ensure the process adheres to these principles. Again, the systemic, inclusive, integrative framework aligns with the organization's structure, output, values, and beliefs.

Tools & Measures. Following Fisher's (2016) recommendation that integrative change processes require *plans*, *structure* and a *system*, Katz and Dack's (2016) *learning conversations* model will be utilized during the working group meetings as a framework to propel the process forward.

I will present the integrative learning conversations framework, including the necessity of following the steps carefully, at the first meeting. My manager supports my role as I have done this research on transitions and leadership. Following the learning conversations framework is crucial to create an effective, integrative and ethical change plan (Katz & Dack, 2016). As an action researcher studying my own context, following a prescribed framework will help avoid personal biases and inappropriately influencing the process (Zeni, 1998). Katz and Dack (2013) designed the *learning conversations* model to prevent common errors of cognition that tend to occur; i.e., confirmation bias and groupthink. It also aligns with Senge's (2006) exhortation to deepen analyses by examining thought processes and underlying assumptions.

The prescribed steps of the learning conversations ensure the group embraces the tension involved in disagreements, engages in meta-cognition (each member is asked to consider what they are learning), cooperates as a group, and avoids placing blame or judging (Katz & Dack, 2016). This adheres to integrative principles. Participants will take turns chairing the meetings, which fits with the inclusive perspective. As leader, I will take notes each meeting for continuity

and consistency, as well as ongoing evaluation of following Katz and Dack's (2013) model.

Group members take turns chairing each meeting, which fits not only to Katz and Dack's (2016)

framework, but also aligns with inclusive leadership principles. During this process the

facilitator reminds the group of the reasons behind each step in the protocol.

The learning conversations protocol is outlined in Table 3.3.

Table 3.3

Katz and Dack's (2016) learning conversations protocol

Step 1: Introduction (5-8 minutes) – the leader reviews the work to date and his or her own personal learning process; this step covers planning, acting, assessing and reflecting

Step 2: Clarifying the leader's work (5-8 minutes) – no judging is permitted, the group only asks clarifying questions

Step 3: Interpreting (8-10 minutes) - multiple opinions are put forward (as many as possible), and there is no pressure for cohesion. This step involves meta-cognition, and the focus is on maintaining curiosity and revealing underlying assumptions to promote deep level thinking. The facilitator does not speak during this step; just reflects on how the group members interpreted the work presented during Step 2.

Step 4: Quick clarification (2 minutes)– group members then question facilitator and receive short precise answers

Step 5: Implications for thinking and practice (8-10 minutes)

Step 6: Consolidate thinking and plan next steps (5 minutes)

Step 7: Reflections on the process (5-8 minutes)

Note. Adapted from Katz and Dack (2016), The learning conversations protocol: An intentional

interruption strategy for enhanced collaborative learning. Retrieved from

http://www.edu.gov.on.ca/eng/literacynumeracy/inspire/research/learning_conversations.pdf

Katz and Dack's (2016) protocol will be utilized throughout the transition policy

development to ensure an integrative, inclusive, and effective process. This protocol promotes

valid feedback and dissenting views to create a deeper, comprehensive analysis (Argyris, 1995; Katz & Dack, 2016; Senge, 2006). Participants will be provided with copies of the protocol and we will ensure it is followed at every meeting. The non-professionals in the group may feel discomfort with this process and therefore we will be cognizant of group dynamics and manage them effectively. It will be emphasized that the process is expected to involve discomfort and there is a need to follow the steps consistently.

Leadership Ethics and Organizational Change

Once the transition policy and protocols are developed, the working group will monitor and evaluate the policy implementation using the PDSA cycle model (Moen & Norman, 2009). I will also follow Starratt's (2009) ethics model as well as the Code of Ethics of the College of Registered Psychotherapists of Ontario (CRPO), of which I am a registered member. Starratt's (2009) model takes three aspects of ethics into consideration: *care*, *justice*, and *critique*, and will be described in the Ethical Model section of this chapter.
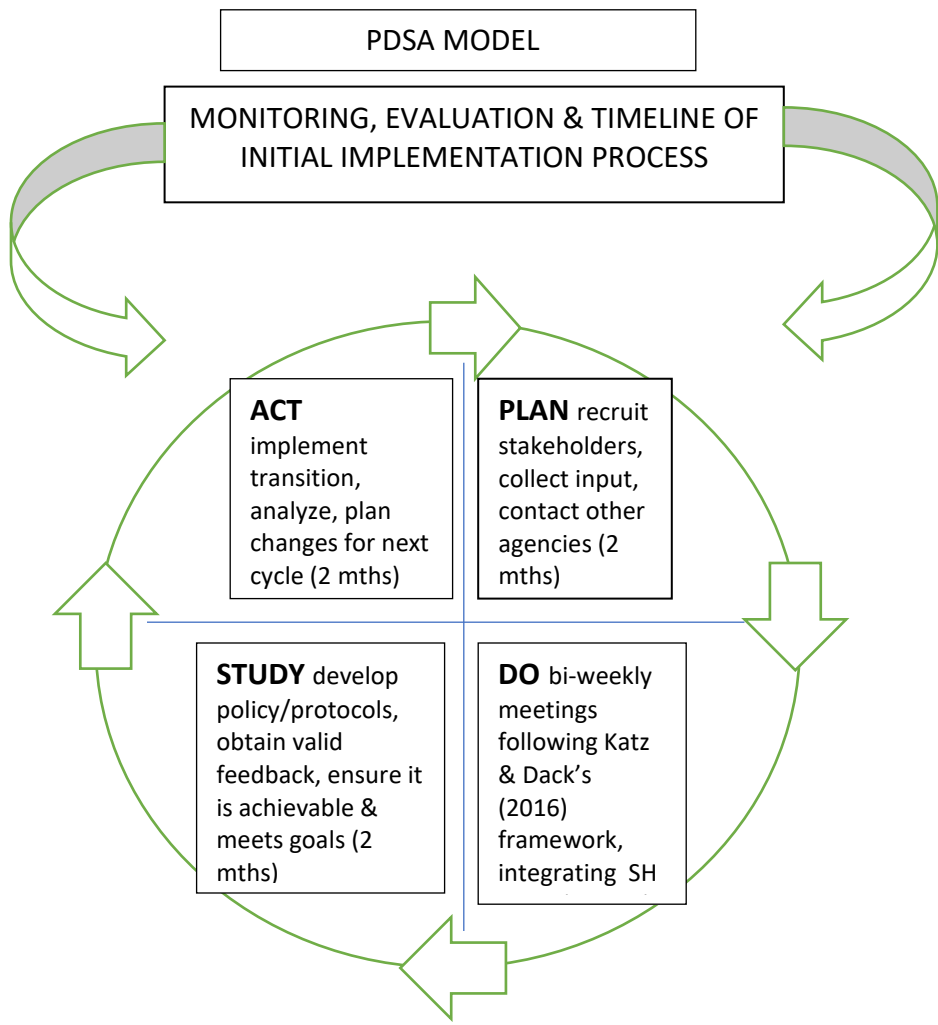
PDSA MODEL

MONITORING, EVALUATION & TIMELINE OF
INITIAL IMPLEMENTATION PROCESS

ACT implement transition, analyze, plan changes for next cycle (2 mths)

PLAN recruit stakeholders, collect input, contact other agencies (2 mths)

STUDY develop policy/protocols, obtain valid feedback, ensure it is achievable & meets goals (2 mths)

DO bi-weekly meetings following Katz & Dack's (2016) framework, integrating SH

Figure 3.4. Adapted from *Evolution of the PDCA Cycle, M*oen, R., & Norman, C., p. 9,

2009. Retrieved from:

http://www.uoc.cw/financesite/images/stories/NA01_Moen_Norman_fullpaper.pdf

Ethical responsibilities of organization. The organization has an obligation to provide the best treatment to clients and to provide services ethically, responsibly, and effectively. Agency clinicians must follow prescribed Codes of Ethics (according to their profession) and belong to professional organizations that require compliance with established ethical practices. Client confidentiality is strictly protected. Existing agency policies protecting confidentiality will be applied to the change plan. For example, client names are not used; instead, they are assigned numbers. This provides anonymization and protects confidentiality. The change plan involves voluntary participation from all stakeholders; they will be informed of the process beforehand and will consent prior to participating.

This OIP is an ethical process aimed at improving transitions for students. Ehrich, Harris, Klenowski, Smeed, and Spina (2015) state that ethical leaders "promote values such as collaboration, inclusion, and social justice when working with staff and students alike" (p. 199). The change plan emphasizes all three of these principles: collaboration among stakeholders and systems, inclusion of all stakeholders, and social justice principles involving a consideration of power differentials and discrimination. The agency emphasizes these principles of collaboration, inclusion, and social justice as well through its organizational structure (as described in Chapter 1), treatment philosophy, and staff training.

Even though the organization is part of an exclusionary education system, the overall aim is, through treatment, to improve the functioning of excluded students so they can be re-integrated into the main education system. As outlined in Chapter 1, my beliefs and values are grounded in social justice. Clinician training concentrates on social justice; the agency prioritizes collaboration on many levels: among professionals, clinicians and management, and external agencies; and we continually advocate for our marginalized clients.

Ethical commitments of stakeholders. Zeni's (1998) directives on ethics in action research include informed consent, voluntary participation, and protection of confidentiality, which aligns with the ethical standards of my profession (CRPO, 2011). As noted, I will inform participants of the working group in advance what the process entails through telephone calls and scripted emails. They will be assured that the new transition policy and protocols will be co-created as a group and will receive information about the learning conversations framework (Katz & Dack, 2016). Again, participation is voluntary, and they can withdraw at any point. Ethical issues will be discussed in detail during the first meeting. Student names will not be used to protect confidentiality. Participation from school staff is required as they need to help us develop appropriate protocols when interacting with the mainstream education system. The manager assisting me with the working group will utilize her influence in leveraging her contacts at the school board and stating the necessity of their involvement as we are transitioning children into their system. It is expected that they will clearly see the need to be involved. When contacted either by telephone or email, parent stakeholders will be assured that information they provide about their children will not be shared and that confidentiality will be strictly protected.

As outlined in Chapter 2, leadership is crucial to motivate and engage stakeholders to join the working group. School staff have their own ethical practice (i.e., protecting confidentiality of students). Students in our Kindergarten class are too young to participate, so the working group will rely on parent, teacher, and clinician observations and reports.

Social justice and inclusion. Artiles et al. (2006) provide clarity on the concepts of social justice and inclusion. They state that inclusion can be defined as including certain categories of students in the education system, or it can be a philosophy that engenders systemic changes to the education system. They believe inclusion is a form of social justice, as it is

typically based on a recognition of discrimination and power differences (Artiles et al., 2006).

Artiles et al. (2006) examine the points of alignment between inclusion and social justice, as
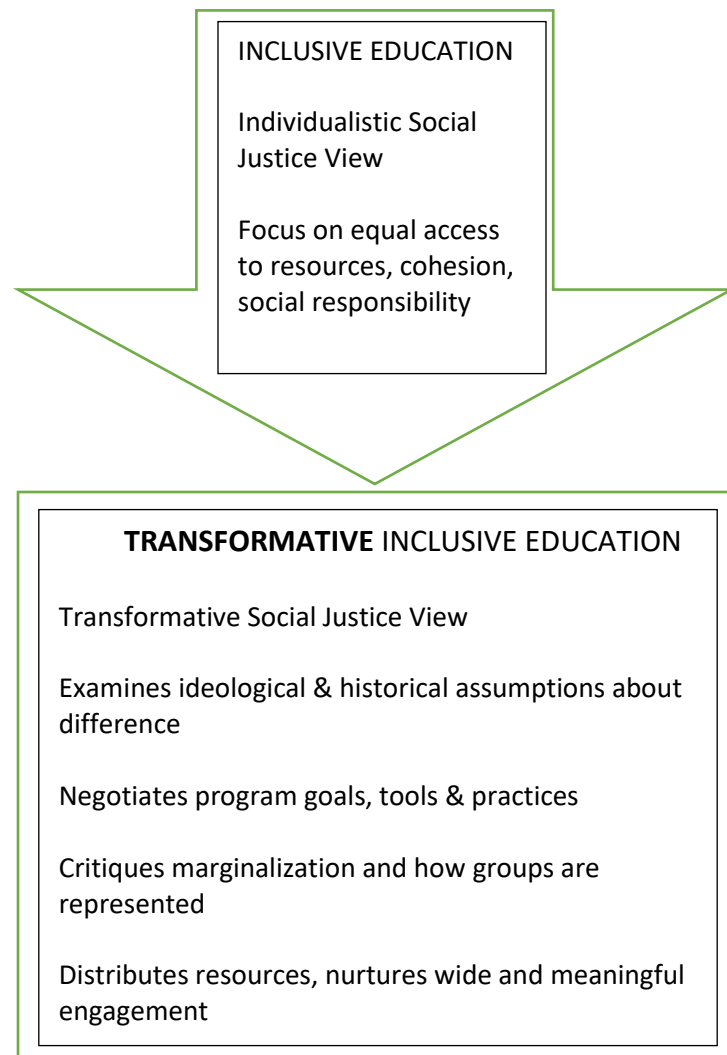
shown in Figure 3.5.

INCLUSIVE EDUCATION

Individualistic Social Justice View

Focus on equal access to resources, cohesion, social responsibility

TRANSFORMATIVE INCLUSIVE EDUCATION

Transformative Social Justice View

Examines ideological & historical assumptions about difference

Negotiates program goals, tools & practices

Critiques marginalization and how groups are represented

Distributes resources, nurtures wide and meaningful engagement

Figure 3.5. Adapted from "Inclusion as social justice: Critical notes on discourses,

assumptions, and the road ahead," by A. J. Artiles, N. Harris-Murri, & D. Rostenberg,

2006, *Theory into Practice, 45*(3), p. 267.

Artiles et al. (2006) promote a *transformative* view of inclusion that comprises social justice. There is an acknowledged irony inherent in utilizing an inclusive perspective within a non-inclusive education system. However, the ultimate hope is that this OIP will be an initiative that promotes greater inclusion and perhaps full inclusion or integration eventually. Further, the agency focus on individualized strategies is a well-intentioned effort to acknowledge each student's unique needs. However, this approach presumes the problem resides within the child and prevents an awareness of power differentials and discrimination (Artiles et al., 2006).

The change plan thus combines inclusion and social justice with inclusive and integrative leadership ideals. There can be no progressive, positive change unless the perspective is widened to include contextual issues. Agency staff understand this as we do not assess a child's behaviour in isolation: we must consider not only genetic and biological factors but also environmental, social, and societal issues to develop a comprehensive treatment plan. Children with racial differences are more likely to be labeled with emotional-behavioural issues (Artiles et al., 2006; Ottesen, 2013). Hence the need for a social justice perspective.

Social justice encompasses these ideals of redressing injustice and is an inherently ethical process. Ehrich et al. (2015) declare that ethical leaders advocate for the success of all students, especially those who tend to be excluded. This is exemplified in the goals of the OIP.

Ethical model. Ehrich et al. (2015) utilize Starratt's (2009) model employing three types of ethics: *care*, *justice*, and *critique*. Relationships are paramount to this view of ethics, which aligns perfectly with the systemic perspective of the OIP as well as the systemic, relational therapy approach employed at the agency (Ehrich et al., 2015; Starratt, 2009). Understanding the necessity of secure relationships is required to comprehend the difficulty inherent in transitions and what is needed to improve them, but this is not enough to fully analyze the factors involved

in why children fail in the regular system and are referred to the alternative system. The *justice*

lens is needed for this and is encompassed by the focus on social justice and prioritizing student

needs and well-being. The *critique* aspect of the model addresses power structures inherent to

inclusive leadership practices (Ehrich et al., 2015; Starratt, 2009). It is important to focus on

each individual student's needs, but also crucial to view her or his struggles from a wider

perspective in terms of power differentials and potential discrimination/barriers. This approach

ensures social justice issues are addressed.

This OIP focuses on how to improve student transitions back into mainstream education

classes. Previously the agency focused on individualized strategies for students, which neglected

to consider larger issues of exclusion and discrimination (Artiles et al., 2006). The transition

process must still include a focus on individualized strategies; however, now this process will be

mandatory with certain 'steps' that are required – along with individualization. This OIP also

focuses on streamlining the dual education systems to make them more inclusive and

collaborative.

While the current parallel systems may preclude systemic changes at this point, the OIP

is a stepping stone towards this increased inclusion and collaboration. It is expected that greater

partnership and integration between the children's mental health system and the greater

education system will benefit all students.

Change Process Communication Plan

As outlined previously, the agency focuses on best-practice treatment while clients are

receiving services. However, clients/students in our alternative classes eventually must be

transitioned back to the mainstream system. The lack of policies and protocols regulating these

transitions results in no means of improvement if transitions are unsuccessful. Treatment

strategies are not helpful unless they are able to be effectively transferred and integrated into the new system. No data is collected on the transition process or on outcomes. There is no formal system in place to monitor and evaluate transitions. The lack of policies and protocols regarding transitions at the agency is an example of how transitions are an under-utilized aspect of treatment. Their crucial nature remains unrecognized. This OIP argues that transitions are critical to treatment success.

Approval from middle management. The first step in the change process communication plan involved approaching my immediate supervisor with my plan to develop inclusive, integrative transition protocols. I presented supporting evidence: i.e., the Auditor-General's (2016) recommendation to examine how clients are transferred to other community services not only supports the OIP but creates urgency to address it. Transitions are challenging because of the numerous adjustments to change required and are more difficult for children due to their developmental level (Hoffman et al., 2006; Powell et al., 2014). There is time required from agency and school staff. Children need to feel safe and secure to learn (Hoffman et al., 2006). I will present neuroscience research regarding children's need for secure relationships to assist stakeholders in understanding how to help students co-regulate (Szalavitz & Perry, 2010). Smoothing and streamlining the transition process should result in improved student outcomes. The OIP emphasizes the crucial nature of transitions and the resulting benefit to students this focus on transitions would entail.

Other evidence supporting the OIP includes the agency mandate to collaborate with other agencies. The school board also has directives concerning involvement with community partners ([DSB], 2017; Ministry of Education, 2013). Researchers like Ottesen (2013), Stoll (2016), and Ryan (2006) advocate for increased connections between community agencies and local schools.

Approval from DQI. My supervisor supports the OIP initiative. The professional bureaucracy structure of the agency means that power differentials are flattened (Mintzberg, 1979). Therapists like myself have informal power to participate in decision-making primarily related to therapy and treatment. Managers take our ideas seriously and support us in exploring proposals in conjunction with agency leadership. The second step in the change process communication plan was for my supervisor and me to meet with the Director of Quality Improvement. As a result, he agreed there is a need to address transitions and supports the OIP. The third step is to attend a meeting with the leadership team to present the plan. Due to the OIP's alignment with the Auditor-General's (2016) recommendations, as well as the recognition by agency staff and management that transitions are important yet often overlooked, there is a high likelihood the leadership team will permit the OIP to be implemented.

Approval from leadership team. Policy development is standard practice and an ongoing process at the agency. To align with the inclusive, integrative framework, all stakeholders must be fully included in the policy and protocol development process. The leadership team needs to be persuaded that this is necessary. Precedents related to developing new policies and protocols with external organizations exist; i.e., the psychiatric emergency protocol was developed in conjunction with the emergency department, and the child abuse protocol was developed in partnership with the local Children's Aid Society. Protocols are necessary when transferring students from one system (the agency) to another (the education system).

Policies and protocols are typically developed by a working group of involved and interested staff. Agency templates for developing policies and protocols can be utilized, but this working group must ensure that the policies and protocols developed to address transitions

follow a systemic, inclusive, integrative framework. This requires effective leadership. The

working group will employ Katz and Dack's (2016) 'learning conversations' framework

(described earlier), as it accentuates the need for multi-disciplinary perspectives and varied

feedback. This echoes integrative thought and its emphasis on managing the disquiet inherent in

divergent views (Riel & Martin, 2017). As noted in Chapter 2, Fisher's (2016) integrative

leadership model will be used as a guide throughout.

Recruiting all stakeholders. The leadership team will be consulted regarding how to

effectively communicate with all stakeholders regarding the policy development process.

Emails, letters, and announcements will be created for agency staff and all kindergarten

education contacts in the community. This message will emphasize the importance of receiving

input and participation from all stakeholders and convince recipients of the significant benefits of

participating in this process. I will send out these communications.

Agency staff. Outlining the need to improve relations with the mainstream education

system will encourage the participation of agency staff, since improving the relationship between

the two systems has been a recurring discussion. Policies are continually being developed and

revised, so policy development is an ongoing and expected process at the agency. The agency

was recently named Lead Agency for Children's Mental Health agencies in its geographical area,

so staff are already prepared for upcoming changes and new responsibilities.

Shifting perception from a singular focus on treatment, to an expanded view of client

functioning after being discharged from agency services, will create a holistic understanding of

the need for the OIP. This insight will resonate with staff, as it aligns with agency values

concerning best practice treatment. Identifying these gaps (i.e., lack of understanding of the

importance of transitions; no policies or protocols regarding transitions; no accountability of the

process) will lead to recognition, awareness and consideration of this issue by agency employees. I will do this by presenting the information I have learned about transitions to each team at the agency during team meetings. Some staff may feel the mainstream education system should assume responsibility for transitions but as the agency staff are the ones who determine treatment and then communicate what is helpful for each child, it seems apparent that both systems need to be deeply involved in the transition policy process.

School board staff. Common goals between the agency and the school board will be emphasized and include increased student functioning, as well as meeting agency and education system mandates regarding collaborating with partners ([DSB], 2017; Ministry of Education, 2013). To raise awareness and support for this initiative, I will provide teachers in the alternative classes information to be disseminated to colleagues in the education system. It will be emphasized that both systems are required to participate, since the process involves transitioning students from one system to another. To encourage participation, the fact that these policies and protocols have not yet been developed will be accentuated. Agency managers will also be asked to leverage their influence and connections with school staff to raise awareness and engagement. This new initiative requires the input and cooperation of all stakeholders.

Students, parents, and families. The literature review and the inclusive framework indicate the necessity of meaningfully including students, parents and families. Kindergarten students are too young to participate so the focus will be on caregivers. All stakeholders will have the opportunity to contribute their input through interviews or written comments. There is a parent support group at the agency that can assist in providing this information to parents and families. Clinicians can also help with this process. When I attend each team meeting I will ask agency clinicians to consider appropriate families and how to approach them. I will have written

information that can be provided to families. To maintain confidentiality, caregivers will be approached by their primary worker (clinician) at the agency and asked if they would like to participate, either by joining the working group or by providing written or verbal input if they are unable or unwilling to attend regular meetings. The power differential between caregivers and professionals is acknowledged and will be flattened by the systemic, inclusive, integrative framework since families are viewed as the experts on their children and deserve equitable input into the process.

The group will then meet regularly to collect and evaluate stakeholder input and develop an initial template for a new policy and protocols. The template will require approval by upper management prior to implementation. Other agencies can also be canvassed to learn how they approach the transition process.

Ryan (2006) notes that developing an inclusive policy requires inclusion on multiple levels: the development process needs to be inclusive, and the policy itself should embody inclusion. Including all stakeholders may be logistically demanding but is necessary to adhere to the inclusive, integrative, systemic framework. It will result in multiple and varied perspectives, leading to a more nuanced and comprehensive understanding of the issue, as well as in greater chance of effective and lasting change (Ryan, 2006). Ensuring the process is inclusive, integrative, focuses on social justice, and meaningfully includes stakeholder input requires strong leadership (Ryan, 2006). The social justice viewpoint is necessary to focus on underlying reasons why these students are being referred to alternative classes. The social justice perspective will look beyond the behaviours of these marginalized students to perceive the greater societal factors involved. It will help these students get their needs met so they can thrive instead of being labelled negatively.

Leadership is crucial to communicate the need for change; specifically, to raise awareness of the importance of transitions and the gap in services that exists when there are no policies regulating this significant issue. As a therapist at my organization I can assume leadership of this initiative due to the shared power structure. Incorporating stakeholder input ensures that this process will be multidisciplinary, allowing for greater variability in ideas and feedback, as well as a higher likelihood of lasting change (Cawsey et al., 2016). Greater collaborations and connections between the organization and the community will ease the transition process for students and families. Transitioning into a new school is difficult because children require secure relationships to thrive and learn. Strengthening relationships between the two systems and increasing integration will ease the transition process for students. Having students, parents, school staff and clinicians co-create policies and protocols increases cooperation and builds relationships that will benefit all stakeholders, but particularly students.

Next Steps and Future Considerations

This OIP aligns with social forces converging at the intersection of mental health and education. The next cycle of change may include greater integration between these two systems. On February 1st, 2018, I attended a symposium on infant mental health in Toronto, Ontario, presented by the Ontario Centre of Excellence for Child and Youth Mental Health. During the afternoon session, representatives of a children's mental health agency and staff of an elementary school in Ottawa, Ontario described a recent small-scale study. The impetus for the study was an identified concern regarding the increasing levels of suspensions and expulsions in kindergarten since the advent of full-day kindergarten. When a child becomes aggressive, school staff often evacuate the classroom, which negatively impacts all students. These concerns are echoed at my agency, as these children eventually become our clients.

The principal applied 'Policy/Program Memorandum #149' (PPM) (2009) from the Ministry of Education about the need to collaborate with external agencies. The principal contacted the local children's mental health agency with a request to collaborate. Agency staff were invited inside one kindergarten classroom at the school. Jointly they completed an action research study of one class. Consent was obtained from parents, and it was explained that the therapist was there to help the children. Confidentiality was emphasized, and the therapist was available to meet parents after school to de-stigmatize the presence of a therapist within the classroom.

Instead of using a typical behavioural approach, child therapists utilize a relational, attachment lens. Therapists look at the emotions underneath behaviours and help children express emotions appropriately. This enables effective management of behaviours as it de-escalates the emotions, which in turn helps children organize their feelings and co-regulate (Powell et al., 2014). Agency and school staff reported that there have been no expulsions or need to vacate the classroom since a therapist was placed in the class. This is anecdotal, yet promising, as it demonstrates the possibilities and potential of integrating the children's mental health system and the education system.

Conclusion

The change plan advocates for the development of transition policies and protocols developed by a working group comprised of representatives from all stakeholders. The usual policy development process at the agency is internal. When developing protocols for interacting with external agencies, these outside organizations are consulted. This is done by managers communicating with contacts at the outside organizations and setting up several meetings to discuss each organization's existing responsibilities and policies, and how to integrate these

between systems. This OIP promotes going beyond this to inclusively and integratively co-create policies and protocols with the full involvement of all stakeholders (not just consultation). All levels of organizational culture will be addressed: clinicians, management, and executive. Clinicians want to participate to improve transitions for students and interactions with the main education system. Management and the executive team acknowledge the need to address the Auditor-General's (2016) recommendations about transitioning clients to other services. As noted earlier, Ministry of Education policy/program memorandum (PPM) #149 stipulates that the education system partner with community services to address student needs (2009). PPM #119 relates to equity and developing inclusive policies (2013). PPM #156 specifically concerns collaborating with external partners to plan student transitions (2013). The DSB's (2016) strategic plan regarding mental health notes the complexity of this issue requires 'cross-sector' collaboration.

Leadership is critical to mobilize the working group and ensure the successful development of inclusive and integrative policies regulating the transition process. It does not make sense to develop strategies in one distinct setting and then expect them to be effectively transferred to a completely different system especially when children do not have the secure relationships they require to function and learn effectively. Future considerations involve integrating the systems more seamlessly; as in the action research project noted above. Currently there are parallel education systems. It is anticipated that this collaborative integrative plan will set a precedent for integrating systems that will be beneficial for all students and improve treatment outcomes.

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