

## Leadership in interprofessional collaboration – the case of childcare in Norway

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### Abstract

This study addresses leadership in interprofessional collaboration in childcare services (residential care). The aim was to explore the managers' ( $n = 6$ ) experiences and present their views on how they exercised leadership in the residential institutions as well as how they organized and facilitated collaboration with relevant professionals and service users. Data was collected through open interviews. Qualitative content analysis was used to analyse the interviews, and three categories emerged; "external responsibility", "sustaining communication" and "internal responsibility". The overarching concept was identified as "facilitating interaction processes and ensuring cohesion". The main findings were related to the managers' experiences of linked processes of leadership and collaboration, perceptions of the *structures* of communication, their *responsibility* as well as the *interaction processes*. The managers exercised leadership in terms of self-governance and co-governance, and used strategies, such as governing images and influencing the voluntary aspect of collaboration.

**Keywords:** *Childcare, governance, interprofessional collaboration, leadership, qualitative content analysis*

### Introduction

The welfare sector has to deal with increasingly complex problems. Collaboration between professionals as well as between professionals and service users is required, a fact highlighted in the Norwegian Government's White Papers, 1999–1994, 2001–2002. This presents a challenge for managers of health and social services; how they manage their organization and facilitate collaboration with relevant partners in order to provide collaborative care. According to the literature there is a lack of clarity between the notions of management and leadership (Bass, 1990; Yukl, 2002). Managers are often associated with responsibilities defined in relation to their position in a management structure, while leaders have characteristics that are explained by reference to other attributes, such as role, vision, and strategies. The present study addresses leadership in residential care and childcare services and, focuses on the managers' leadership, i.e., leadership as "an essential managerial role" (Yukl, 2002, p. 6). In Norway, residential childcare institutions are accountable to public authorities (although they may be run by private organizations) and provide services to children with psychosocial problems and their families. Collaboration with relevant professionals and service users is central for the provision of adequate services (Child Care

Act, 1992). Hence the focus in this paper is the relationship between leadership and collaboration.

### **Leadership and interprofessional collaboration in the public sector**

The concept of leadership is difficult to define and various theoretical concepts have been introduced focusing on different aspects of leadership, such as the characteristics of the leader, the relationship with subordinates, strategies used and the context within which leadership operates. A broad definition is recommended (Bass, 1990) that includes group processes, personal style, influence on behaviour and goals, as well as functional or institutional differences. Yukl (2002) suggests that leadership is “the process of influencing others to understand and agree about what needs to be done and how it can be done effectively, and the process of facilitating individual and collective efforts to accomplish the shared objectives” (p. 7). This definition is relevant as it takes the collective efforts of members of a group or organization into account and emphasizes the process of leadership pointing out that more than one person can exercise the role of leader. The theoretical underpinning to collaboration is extensive, although further elaboration and conceptual clarification is needed (Gray & Wood, 1991; Huxham, 1996; Sullivan & Skelcher, 2002; Axelsson & Bihari-Axelsson, 2006). Øvretveit et al. (1997) has contributed to the literature on “interprofessional working” in health and social care. These authors state that interprofessional working can take many forms such as network teams, work groups, management teams, ad hoc groups, training teams and review groups, which is the type of collaboration explored in this study. In order to include professionals and service users who may be involved, interprofessional collaboration is defined as “open teamwork” as suggested by (Payne, 2000, p. 5): “the professional and multiprofessional teams and the network of people we link with in the community and team working and networking together as an integrated form of practice”.

The concepts of leadership and collaboration are rarely discussed in detail, although Huxham & Vangen (2000) note that structural factors as well as processes and participants are important. They claim that leadership is undertaken by participants in order to move a collaborative agenda forward. Hunter (2004) takes into account the range of organizational designs and various collaborative structures and states, “managers have to operate in a multiprofessional multi-agency environment and be able to achieve multi-sectorial change (p. 932). Eriksen (2000) claims that the success of leadership depends on the quality of cooperation and deals with different ways of “coordinating actions”, particularly the communicative method of coordinating action through argumentation; “communicative leadership” (p. 3) which was developed by Habermas (1984). Another concept of leadership, “governance”, seeks to incorporate the broad pattern of the relationships involved (Yukl, 2002). Similarly, Kooiman (2003) includes the totality of interactions between public and private actors and mentions three different modes of governance: *self-governance*; “the capacity of social entities to govern themselves autonomously” (p. 79), *co-governance* which refers to a way of jointly governing interactions and is associated with “horizontal” governing; “actors communicate, collaborate or co-operate without a central or dominating governing actor” (p. 97) and *hierarchical governance*; “authoritative relations between social entities” (p. 231), which is associated with vertical and formalized interactions and implementation, often with sanctions attached.

Research on leadership and interprofessional collaboration in childcare appears to be limited (Willumsen, 2006). Yukl (2002) summarized descriptive research on leadership and found four general types of activities (p. 46): (i) building and maintaining relationships,

(ii) getting and giving information, (iii) decision making, and (iv) influencing people all of which seem to imply a certain degree of interaction and collaboration. Hunter (2004) claims that health managers have to possess necessary leadership skills and “operating on the margins of their own organizations becomes a prerequisite” (p. 932).

## The study

This study was based in two residential institutions, which were initially managed regionally and since January 2004, managed by the state. Childcare managers have to comply with the Norwegian Child Care Act (1992), which requires a general duty to safeguard and promote the welfare of children and families in need in accordance with the normative foundation of the Act, which is “the best interest of the child”. If the child and/or family have grave and complex problems that are deemed to require comprehensive services, possibly entailing the child being moved away from home, the child could be referred to a residential institution. Placement decisions are legal acts made by the County Social Welfare Board through care orders or on decisions taken by the municipal child protection services on a voluntary basis. Thus, managers of residential institutions are in charge of children with serious psychosocial or behavioural problems, who may have been exposed to abuse, neglect and/or inadequate care (Berridge & Brodie, 1998). Most often the residential institutions establish a management team consisting of a *formally appointed manager*, who is in charge of the institution, and responsible for the employees as well as accountable for the budget, a *senior psychologist*, responsible for the treatment of the residents, as well as a *senior social worker*, who acts as deputy manager and is responsible for the work shifts and daily activities. This was the case in this study.

The residents’ multiple problems often require interventions and support through interprofessional collaboration (Payne, 2000; Hayden & Gorin, 1998). According to the Norwegian Child Care Act (1992), the child protection services are obliged to collaborate with other relevant partners for the benefit of service users. Most residential childcare institutions organize review groups (corresponding to the Norwegian “ansvarsgruppe”) as a meeting place for the collaborative work. This study is part of a larger project including open interviews with the parents of five young people (aged 12–18) (Willumsen & Severinsson, 2005) and the professionals involved in those cases (Willumsen & Hallberg, 2003), as well as observations of review group meetings over a 1-year period (Willumsen & Skivenes, 2005).

The aim of the present study is to explore the managers’ experiences and present their views on how they exercised their leadership role in the residential institutions as well as how they organized and facilitated collaboration with professionals and service users.

## Method

This study is characterized by an explorative and interpretative design. Qualitative methods are usually considered relevant for the collection of data and analysis of empirical material dealing with social communication; for example human activity, action and meanings (Berg, 2004).

### *Participants and ethical considerations*

The research material is based on interviews with six managers (four men and two women), all of whom are senior social workers or psychologists from two residential child care institutions. Approval was obtained from The Data Inspectorate of Norway

(ref. no. 2000/793) and the managers of the residential care institutions. Written consent was provided by the participants. All data were rendered anonymous, and audiotapes will be deleted at the end of the project in accordance with Data Inspectorate's procedures.

### *Open interviews*

The interviews were unstructured in the sense that the interviewer employed a conversational style (Patton, 2002) with focus on the following areas:

- (1) Experiences of leadership in the residential institution and how the managers organized and facilitated collaboration, how they initiated collaboration, how it proceeded; formal procedures, interaction, participation in decision-making, division of responsibility and possible conflicts;
- (2) Reflections on collaboration, "lessons learnt" from experiences, aspects that had been omitted, possible improvements that could have been made, opportunities and limitations.

The researcher, who has a background in social work, special education and public health, conducted the interviews and tried to obtain rich data by gathering pertinent details about the participants' meanings, intentions, actions and events. The interviews, which lasted for 1–1½ hour(s), were audio taped and took place at the residential institutions. They were transcribed verbatim and subsequently analysed.

### *Qualitative content analysis*

A qualitative content analysis with focus on patterns or themes was undertaken in an attempt to identify core consistencies and interpret meanings from the data (Patton, 2002; Graneheim & Lundman, 2004; Berg, 2004). The researcher identifies the patterns and themes as well as developing and labelling the categories. The process of analysis involves moving back and forth between the whole and the parts of the text, i.e., the interpretative part of the analysis (Patton, 2002; Graneheim & Lundman, 2004; Berg, 2004).

The researcher first read through the interviews to obtain a sense of the whole. Then the text was read several times and the researcher identified meaning units, such as "words, sentences and paragraphs containing aspects relating to each other through their content and context" (Graneheim & Lundman, 2004, p. 106). The meaning units were labelled or coded, and similar codes were abstracted into sub-categories. Finally subcategories were abstracted into categories. Tentative codes and categories were developed, after which the researcher reflected and tried to decide on an appropriate label. Relevant literature was also reviewed in order to find ideas for certain headings, which constituted a process of moving back and forth between data, analysis and theory. Finally, the researcher reverted to some of the informants and to research colleagues in order to review categories and codes and to confirm the validity of the concepts, after which some adjustments were made.

The categories and codes are shown in Table I.

## **Findings**

The main findings on the experiences of leadership in interprofessional collaboration comprised three categories; "External responsibility", "Sustaining communication" and "Internal responsibility". The managers had formal internal authority and responsibility for

Table 1. The characteristics of leadership in interprofessional collaboration.

Facilitating interaction processes and ensuring cohesion					
Categories	“Internal responsibility”				
	“External responsibility”	“Sustaining communication”	“Internal responsibility”	“Internal responsibility”	“Internal responsibility”
Sub-categories	<i>Establishing communication channels</i>	<i>Providing resources</i>	<i>Encouraging interaction processes</i>	<i>Relating to formal framework</i>	<i>Dealing with everyday activities</i>
Codes	Organising general communication structures Creating meeting places Initiating specific communication patterns Contributing to networking	Ensuring necessary competence and services Delegating responsibility Timing Stimulating progress Ensuring decision making	Providing support and acknowledgement Promoting reflection and participation Facilitating accessibility Developing flexibility Increasing commitment Building trust	Decision making based on relevant laws, policy and plans Formulating an action record for each resident Balancing the budget Exercising employer's responsibility Accountability	Focusing on the young people's daily lives Inclusion of family and network Staff supervision and support Ensuring participation and delegation Dealing with complexity and unpredictability

their own institution. At the same time, they had an external responsibility to link their own internal efforts for the young people to the contributions of their collaborative partners so as to provide holistic and integrated services. In order to provide coherent and effective leadership, the managers had to interact with their own employees as well as external partners. Thus the main category, which served as an overarching concept, was labelled “*Facilitating interaction processes and ensuring cohesion*” (Table I). The managers described their leadership and collaboration as interlinked. They seemed to find it difficult to distinguish between the processes of leadership and collaboration, which tended to merge in the effort to provide integrated services to meet the young people’s needs.

The first category, “external responsibility”, consisted of two subcategories; *establishing communication channels* and *providing resources*. In order to be able to communicate externally, the managers had to organize suitable structures that matched the internal ones, such as creating meeting places and contributing to networking. The communication channels, e.g., meeting routines, served as a basic structure for interaction, collaboration and information flow. The managers reported that review group meetings were the formal forum for coordination between external and internal partners including young people and their families. Review group meetings were held every six weeks to update information, summarize the case and make necessary decisions and plans for each resident. One of the managers organized and chaired the meeting, and the review group members contributed in various ways, such as providing information, presenting particular issues for discussion, participating in decision-making etc. There was extensive telephone communication between review group meetings, and separate meetings with some of the members or extended network were arranged when necessary. Additionally, various kinds of written reports were used.

The managers were also responsible for *providing resources*. They knew that they did not have sufficient expertise to deal with the young people’s complex problems internally. They were dependent on the competence and services of external professionals and agencies. In order to provide adequate resources they had to discuss the delegation of responsibility as well as timing; such as when and how the different collaborating partners should interact with the young people and their families. The managers stimulated progress by trying to find solutions and simultaneously ensuring necessary decisions were made, which aimed at achieving continuous interaction; in other words, pushing the process forward. Although the managers were not formally responsible for collaboration with external partners, they were nevertheless in a position to highlight specific issues and processes to achieve their intentions.

The second category was labelled “sustaining communication” and included the subcategory *encouraging interaction processes*. This category is different from the other two, as it represents aspects of the interaction processes that may have a positive or negative influence. The degree of support, reflection, participation, flexibility and so on will vary from person to person according to their ability or willingness to interact. This category also represents the actors’ openness to change. The managers intended to achieve an open and confident climate and emphasised close collaboration with staff, young people, their families and collaborative partners.

One of the managers stated that as leaders they had “operated with very open doors . . . an open style, a low profile as managers, actually a very accessible profile”.

The managers talked about providing support and the importance of commitment: “you have to have a deep and sincere thoughtfulness and care for these children . . . to be capable of it”.

This category can be described as the glue, which is the means by which the managers influence the staff fostering collaboration, as well as their external partners, the young people

and their families. It appears to illuminate the managers' strategies for facilitating interaction processes and ensuring cohesion.

The third category "internal responsibility" included two subcategories; *relating to formal framework* and *dealing with everyday activities*. The main focus was on helping the young people to cope with their daily life; such as getting up in the morning, going to school, eating regular meals, relating to the staff, family and friends in an appropriate manner and so on. Thus, the family and the extended network had to be included in the efforts to support the young people. When dealing with the complexity and unpredictability that characterize the challenging work with young people and their families, the staff required supervision, which took place at various meetings, in ad hoc dialogues as well as in regular supervision sessions. The managers emphasized the participation of staff and delegation of responsibility:

We (the managers) would like to have a style so that we all try to agree about things . . . not the sort of leadership that comes from the top down and that one has to obey . . . people have to be aware of why they do things.

The subcategory *relating to formal framework* was related to how the managers governed the institutions in accordance with the existing formal framework; such as laws, State-initiated policy and County guidelines setting out the details of each resident. The framework provided certain principles for different levels of the institution. The managers assumed responsibility for the implementation of the framework, within which they experienced a degree of freedom to organize and carry out activities for the benefit of the young people and their families as long as they kept within the budget.

On a few occasions the formally appointed manager had to comply with his/her employer's instructions and dismiss one of the staff members. Internally, the managers had a mandate to instruct, but this did not extend to external partners.

### *Methodological considerations*

This study has some limitations and the researcher acknowledges that the sample was limited. Thus it would be inadvisable to generalize the findings. However, the statements are rich, which may ensure the validity of the data (Patton, 2002). In addition, the study is part of a larger project, and the findings are supported by interviews with the parents and other professionals as well as observations from review group meetings. Moreover, the data provides a nuanced picture of the managers' experiences and gives valuable insight into how they exercised their leadership as well as facilitated collaboration.

## **Discussion**

The aim of this study was to explore the managers' experiences and present their views on how they exercised leadership in residential institutions as well as how they organized and facilitated collaboration with relevant professionals and service users. The main findings were related to the managers' experiences of the process of leadership and collaboration as interlinked, cf. Huxham & Vangen (2000). Other findings concerned *communication structures*, *responsibility* (internal and external), and how the managers encouraged *interaction* processes in order to facilitate interaction and ensure cohesion.

The managers were responsible for establishing *structures* to ensure communication, information flow and collaboration. The structures had to be linked internally and externally

to achieve the state of wholeness necessary for the implementation of relevant efforts for the benefit of the young people involved, cf. Bass (1990), Yukl (2002), Hunter (2004). There appeared to be some basic, formal structures that constituted the collaboration routines with which the participants were familiar. However, the structures had to be flexible in order to include any additional participants, and meet the need for additional communication in the case of unexpected events related to the young people's complex problems and the necessity of being "ready to act" (Willumsen & Hallberg, 2003). Thus, flexibility and accessibility were important.

The managers had *responsibility* for the internal running of the institutions as well as for facilitating collaboration with external partners in order to provide adequate services. The existing formal framework provided the guidelines for the organization of the institutions, internal and external collaboration as well as the rights of the residents and their families. However, the managers depended on their staff and collaborative partners to "pull together" and had to share the responsibility in order to implement adequate measures to clarify and resolve the young people's problems (Willumsen & Hallberg, 2003). The managers delegated responsibility to staff to collaborate both internally and externally when necessary, even in their absence. For example, the managers were only on duty during normal working hours. The staff were in charge of the institutions on evenings, nights and weekends, and responsibility was delegated to those on duty. The different modes of governance; self-governance, co-governance and hierarchical governance are relevant here (Kooiman, 2003). Apparently, much of the institutions' activities and interactions were characterised by *self-governance*, which refers to both individuals and systems. The County delegated authority to the managers of the institutions, who in turn delegated responsibility to their staff (i.e., the team on duty), who assumed responsibility when the managers were not present. Each staff member was responsible for carrying out any necessary actions related to his/her delegated tasks.

*Co-governance* also characterised the activities. The managers were dependent on the staff and their collaborative partners to find mutual solutions in cooperation with the young people and their families. Thus, a network of people co-operated in the attempt to create high quality integrated services in "the child's best interest" from which the residents would benefit. An extensive communication process took place between the actors, including the managers. However, the managers did not direct the process in a hierarchical, top-down way. They supported participation, reflection and the "co-work process" both internally and externally in order to push the process forward. The managers aimed at ensuring cohesive services to meet the residents' needs, which directed the course of the collaboration. Sometimes the managers used *hierarchical governance*. This mode of governance is particularly appropriate for questions related to legal and policy issues. In this study the managers of the institutions were authorized by their employers to search the residents when necessary and to caution staff who failed to act in accordance with legislation and policies. However, the managers stated that they imposed very few sanctions. Notwithstanding, the managers' formal authority did not extend beyond the institution of which they were in charge (internal). To summarize, it appears that the managers rarely exercised hierarchical governance, but used co-governance and self-governance extensively, both internally and externally. This may be one of the reasons why they experienced leadership and collaboration as interlinked, cf. Huxham & Vangen (2000).

The managers also encouraged *interaction* processes by influencing and motivating their staff as well as their collaborative partners, young people and their families. The managers were involved with the young people and their collaborative partners in many ways and used



the opportunities to influence the course of the interactions. Thus, the managers intentionally facilitated interaction processes to make them cohesive for the benefit of the young people. For example the following intentions were explicitly expressed and shared by the actors involved; “the child’s best interest”, “focus on the child and the child’s everyday life”, “creating a safe environment for the child”, “the institution has to be run in the best possible way”, “the children benefit when the adults are satisfied”, “open door policy”, “appropriate care” and “we prioritise working with the family” and so on. These intentions may be related to the formation of “governing images” (Kooiman, 2003): “Anyone involved in governing forms images about what he or she is governing” (p. 29). All sorts of inner and outer data can be part of a governing image; vision, experiences, knowledge, facts, judgement, wishes, metaphors etc. Implicit or explicit governing images are always present, being created and changed. The way they are formed has an important, even decisive, influence on the unfolding of the governing process (Kooiman, 2003). In this study the use of governing images may be regarded as a strategy that the managers used in order to direct the course of the interaction processes to ensure cohesion. Obviously, the other participants also had an opportunity to influence the image formation. However, it may be expected to be part of the managers’ responsibility to form images and ensure that they are shared as much as possible.

The managers also used various degrees of support and acknowledgement, participation and reflection, accessibility and flexibility when facilitating interactions. Additionally, they developed reciprocal trust and commitment as a means of motivating staff as well as the external partners, young persons and their families. In this way they were able to influence the voluntary aspect of interaction (Eriksen, 2000) or the willingness or ability to interact (Kooiman, 2003), which is important both for encouraging the participants to contribute to the collaboration and for moving the interaction process forward, cf. Huxham & Vangen (2000). The managers attempted to create an atmosphere of trust to encourage collaboration and participation by making the actors feel comfortable and willing to interact, thus helping them to learn and remain open to change (Willumsen & Skivenes, 2005; Willumsen & Severinsson, 2005). Eriksen (2000) argues “it is necessary to isolate the voluntary aspect analytically in order to gain access to the essential qualities of leadership as a social relation” (p. 6). The managers’ job is not to instruct, but to transform both themselves and others through arguments and recommendations, cf. *communicative leadership* (Eriksen, 2000), which means that they are able to generate agreement and act on the basis of a legitimately achieved consensus. This does not exclude managers’ use of power and sanctions, cf. hierarchical governance (Kooiman, 2003), but the focus of leadership is primarily on handling internal and external activities by mobilizing collective commitment through interpersonal interaction and trust. The managers gain the trust of their workers of whom they are responsible, because they can justify their decisions to the parties involved (Eriksen, 2000). In this study, the way in which the managers communicated and interacted with their employees and collaborative partners, how they motivated other actors to participate as well as created approval for their decisions, influenced the development of trust in and commitment to their joint efforts, which no doubt had a bearing on the participants’ ability to interact. Consequently, the managers’ methods of influencing the voluntary dimension may be regarded as an additional strategy.

To summarize, two strategies were identified in this study; the formation of images and influencing the voluntary aspect of interaction processes. These strategies were important, as they helped the managers to facilitate interaction processes in order to ensure cohesiveness in the services provided.

## Conclusions

This study shows that both leadership and interprofessional collaboration deal with interaction. One conclusion is that the processes of leadership and interprofessional collaboration are interlinked. The concept of governance appears to provide a suitable overarching theoretical framework comprising both leadership and collaboration and emphasizing the notion of interaction as the synthetic power.

A second conclusion is that two strategies emerged; forming governing images and influencing the voluntary aspect of collaboration. These are important, as they enable managers to motivate and influence the participants' willingness to collaborate. In Norway the child protection services are obliged to collaborate in the manner set out in the Child Care Act (1992) and Government White Papers. However, the formal framework only deals with necessary obligations and requests collaboration. Nevertheless, it is necessary that the managers facilitate interaction processes and direct the course of interpersonal interactions in their attempt to provide cohesive services for the benefit of the service users.

Although this is a small study related to the context of childcare, it nevertheless contributes valuable knowledge about leadership in interprofessional collaboration, which could serve as a starting point for future studies in the health and social sector.

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## References

- Axelsson, R., & Bihari-Axelsson, S. (2006). Integration and collaboration in public health – a conceptual framework. *International Journal of Health Planning and Management*, 21, 1–14.
- Bass, B. M. (1990). *Bass & Stogdill's handbook of leadership*. Basingstoke: The Free Press, Macmillan.
- Berg, B. L. (2004). *Qualitative research methods*. Boston: Pearson.
- Berridge, D., & Brodie, I. (1998). *Children's homes revisited*. London: Jessica Kingsley Publisher.
- Eriksen, E. O. (2000). *Leadership in a deliberative perspective*. Bergen: LOS-senter Notat 0029.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24, 105–112.
- Gray, B., & Wood, D. J. (1991). Collaborative alliances: moving from practice to theory. *Journal of Applied Behavioral Science*, 27, 3–22.
- Habermas, J. (1984). *The theory of communicative action*. Vol. 1, *Reasons and the Rationalization of Society*. Boston: Beacon Press.
- Hayden, C., & Gorin, S. (1998). Care and control of “looked after” children in England. *International Journal of Child & Family Welfare*, 3, 242–258.
- Hunter, D. J. (2004). Management and public health. In: Detels, R. et al. (Eds.) *Oxford textbook of public health*. Oxford: Oxford University Press.
- Huxham, C. (1996). *Creating collaborative advantage*. Thousand Oaks, CA: Sage.
- Huxham, C., & Vangen, S. (2000). Leadership in the shaping and implementation of collaboration agendas: How things happen in a (not quite) joined-up world. *Academy of Management Journal*, 43, 1159–1175.
- Kooiman, J. (2003). *Governing as governance*. Thousand Oaks, CA: Sage.
- Øvretveit, J. et al. (1997). *Interprofessional working for health and social care*. Basingstoke: Macmillan.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods*. Thousand Oaks, CA: Sage.
- Payne, M. (2000). *Teamwork in multiprofessional care*. Basingstoke: Palgrave.
- Sullivan, H., & Skelcher, C. (2002). *Working across boundaries: collaboration in public services. Government beyond the centre*. Basingstoke: Palgrave.
- The Norwegian Child Care Act, 1992.

- The Norwegian Government White Paper, No 35:1994-1995. *Velferdsmeldingen*.
- The Norwegian Government White Paper, No 40:2001-2002. *Om barne- og ungdomsvern*.
- Willumsen, E., & Hallberg, L. (2003). Interprofessional work with young people in residential care: Some professional perspectives. *Journal of Interprofessional Care*, 17, 389–400.
- Willumsen, E. & Skivenes, M. (2005). Collaboration between service users and professionals: Legitimate decisions in child protection. A Norwegian model. *Child & Family Social Work*, 10, 197–206.
- Willumsen, E., & Severinsson, E. (2005). Parents' collaboration and participation in a residential child care setting. *International Journal of Child & Family Welfare*, 8, 19–31.
- Willumsen, E. (2006). Interprofessional collaboration in residential childcare. Dissertation, The Nordic School of Public Health, Gothenburg.
- Yukl, G. (2002). *Leadership in organizations*. USA: Prentice Hall, Inc.

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