

COLLABORATION:

What do we mean and why is it important.

Northern Collaborative Project



Introduction

What do we mean when we use the term collaboration? Why is it important in service delivery and increasingly important in the current Commonwealth and State funding regimes? Technically, collaboration is a process of participation through which people, groups and organizations work together to achieve desired results. Service providers in the northern metropolitan region have always seen the importance of collaborating, or more simply, talking and planning with each other for the needs of a community with significant levels of disadvantage.

Funding bodies are in a powerful position to enhance or detract from collaboration. When a purchaser/provider model was introduced by government as the accepted funding model, voluntary collaboration was much more difficult and what generally happened was competition. We now have a funding regime across all sectors and levels of government that is clear in its expectations of collaboration, mandating collaborative initiatives, with funding criteria frequently specifying a partnership or partnerships.

Understanding the complexities of collaboration and applying the key elements involved increases the likelihood of achieving shared goals, outcomes and funding opportunities. This paper briefly explores the notion of collaboration and draws extensively on the literature from across the spectrum of sectors, and on a critical review of the literature conducted by Helen Radoslovich for the Eastern Region Collaboration Project¹.

Why do we Collaborate and what do we mean

In a review of the research written by Paul Mattessich² collaboration was defined:

as a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals.

The relationship includes a commitment to: a definition of the mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.

The key to this definition is 'sharing'. Collaboration differs from co-operation in the level of shared policy development and resource allocation, as well as in the shared provision of services. Collaborative efforts blend the goals, policies and resources of two or more organisations in providing defined services to a defined group or community.

¹ For a critical view of the literature on collaboration in aged care see Helen Radoslovich background paper in the (1999) *Eastern Regional Collaboration Project: Six-Monthly Report* (December) Attachment G.

² Mattessich, Paul W. (1992). *Collaboration: What Makes it Work*. St. Paul MN: Amherst H. Wilder Foundation.

The literature identifies a number of reasons for collaboration between agencies, but three appear particularly relevant:

- ◆ First, agencies collaborate in order to provide better services and outcomes for clients and communities, particularly those with special or complex needs. Having a series of interrelated collaborations between the parts of a system, produces (ideally) a coherent whole. Continuity of care also requires agencies to share information and have effective and appropriate referral systems.
- ◆ Second, collaboration fulfils a strategic role in terms of joint funding and sharing of infrastructure and resources.
- ◆ The third reason is related to advocating for and supporting local communities. Working with like-minded agencies creates a position of greater strength than would be possible working alone³.

For community health, intersectoral collaboration is a central tenet of the Ottawa Charter (WHO 1986 - the community health bible). It is generally regarded that broad organisational and community goals can only be achieved by working with others, and other sectors, and is a way to access the resources and expertise necessary to address complex social health issues⁴.

Initiating Collaborations

When beginning the journey, it is critical that all existing and potential members share the vision and purpose. It is this commonality that brings members together to focus on achieving the desired outcome. Several catalysts may initiate collaboration – a problem, a shared vision, a desired outcome. Regardless of what the catalyst may be or the outcome desired, it is critical to move from problem driven to vision driven, from muddled roles and responsibilities to defined relationships, and from activity driven to outcome focused.

While problems may be the initial catalysts in forming a collaboration, defining the vision and desired outcomes begins to give shape and direction to the future collaboration. Moving from problem driven solutions to vision driven solutions offers greater potential for maximizing resources, developing sustainable outcomes and greater ownership and commitment in the courses of action. Building effective relationships is fundamental to the success of collaboration. Effective collaborations are characterised by respecting what each member brings to the project and where expectations are clear and understood by all members.

³ Jolly, G. Masters, S (2002) *Exploring the Links between Community Health Services and Non-Government Organisations in Two Regions of South Australia*. South Australian Community health Research Unit, Flinders Medical Centre, SA. Australian Journal of Primary health Vol.8 No.1

⁴ Legge, D.et al (1996) *Best practice in primary health care*. Centre for Development and Innovation in Health, Commonwealth Department of Health and Family Services.

Levels of Collaboration

Collaboration, coordination, cooperation and integration (these terms are all being used interchangeably) can occur across a continuum of activities, depending on the specific issue to be addressed. The National Network for Collaboration⁵ has developed a framework into which various levels of collaboration fit. It provides a useful way of understanding the structure and organisational implications of different types of activity.

Levels	Purpose	Structure	Process
Networking	<ul style="list-style-type: none"> Dialogue and common understanding. Clearinghouse for information. Create base of support. 	<ul style="list-style-type: none"> Loose/flexible link Roles loosely defined. Community action is primary link among members. 	<ul style="list-style-type: none"> Low key leadership making Little conflict Informal communication
Co-operation or Alliance	<ul style="list-style-type: none"> Match needs and provide co-ordination. Limit duplication of services. Ensure tasks are done 	<ul style="list-style-type: none"> Central body of people as communication hub. Semi-formal links Roles somewhat defined Links are advisory Group leverages/raises money. 	<ul style="list-style-type: none"> Facilitative leaders Complex decision making Little conflict. Formal communications within the central group.
Co-ordination or Partnership	<ul style="list-style-type: none"> Share resources to address common issues. Merge resource base to create something new. 	<ul style="list-style-type: none"> Central body of people consists of decision makers. Roles defined. Links formalised Group develops new resources and joint budget. 	<ul style="list-style-type: none"> Autonomous leadership but focus is on issue. Group decision making in central subgroups. Communication is frequent and clear.
Coalition	<ul style="list-style-type: none"> Share ideas and be willing to pull resources from existing systems. Develop commitment for a minimum of three years. 	<ul style="list-style-type: none"> All members involved in decision making. Roles and time defined Links formal with written agreement Group develops new resources and joint budget. 	<ul style="list-style-type: none"> Shared leadership Decision making formal with all members. Communication is common and prioritised.
Collaboration	<ul style="list-style-type: none"> Accomplish shared vision and impact benchmarks Build interdependent system to address issues and opportunities 	<ul style="list-style-type: none"> Consensus used in shared decision making Roles, time and evaluation formalised Links are formal and written in work assignments 	<ul style="list-style-type: none"> Leadership high, trust level high, productivity high, ideas and decisions equally shared. Highly developed communication.

Higher level collaboration requires a significant level of agreement, as well as trust between the partners. It demands a more active process of negotiating and a higher

⁵ Bergstrom, Arno et al (1995). *Collaboration Framework – Addressing Community Capacity*. National Network for Collaboration. <http://crs.uvm.edu/ncco/>

level of commitment from organisations. This type of collaboration requires that representatives have the authority to enter into agreements, and make decisions on behalf of the organisation.

Collaboration can also occur across a range of levels (Macro, Meso and Micro) and domains (Direct service, Infrastructure, Management structures, Funding and Service planning).

Macro Level Policy, planning, finance administration of different programs and service types, involving relationships at the national and state government levels.

Meso Level Links between regional services at management level, involving relationships between local and regional services.

Micro Level Teamwork between different service providers assists the same individual, involving individual consumers and staff.

The Northern Collaborative Project has been operating at both a Meso and Micro level. The Steering Committee working at the Meso level provides the capacity for regional services to achieve change through an agreed level of coordination in service provision, or in a more visionary way to give context to broad systemic change in regional service delivery. Examples of the Meso being the regional Healthy Ageing Strategy and the Services in the North 'Triangle', which provides a schematic depiction of the levels (eg early, secondary, tertiary etc) of service delivery. Micro level is certainly evident in the extensive work of the Working Groups.

There is however, no one specific model of collaboration. Rather, a model appropriate to the needs of the sector and region, the level of collaboration and the domains of collaboration should be selected⁶.

Benefits and drawbacks to Collaboration

Most benefits of collaboration⁷ are more and better use of resources, better outcomes for clients, and the ability to provide a broader and more comprehensive range of services. For the Northern Metropolitan Region, this means better regional planning for a community that has a range of needs (complex to simple) with little or no personal resources to purchase for their own needs. Collaboration also leads to increased funding opportunities. Other factors are the increased strength of funding applications, and for small organisations, the ability to draw on a larger agency's infrastructure.

⁶ Iulliano, G and Lamshed, C (1996). *The Tides of Change: Coordinated Quality Assurance in Aged Care. The Final Report of the Synergy Project*. In Radoslovich, H (1999) *Eastern Regional Collaboration Project: Six-Monthly Report* (December) Attachment G

⁷ Jolly, G, Masters, S (2002) *Exploring the Links between Community Health Services and Non-Government Organisations in Two Regions of South Australia*. South Australian Community health Research Unit, Flinders Medical Centre, SA. Australian Journal of Primary health Vol.8 No.1

Drawbacks to collaboration centre around the drain on resources and the time spent at meetings, that is, time not spent on service delivery. Potential concern could also be about loss of autonomy, different values and the conflict over ownership.

Hudson (1990)⁸ identifies five major barriers that may be encountered when organisations attempt to work together:

- ◆ Political – organisations may be subject to different kinds of political control and public accountability.
- ◆ Financial – organisations may be financed differently.
- ◆ Organisational – different formal structures and administrative procedures.
- ◆ Professional – different perspectives and traditions.
- ◆ Planning – different demands on resources; different perceptions on what are the most urgent problems.

Funding bodies are in a powerful position to enhance or detract from collaboration as many are encouraging or mandating collaborative initiatives, with funding criteria frequently specifying a partnership approach.

Conclusion

This paper has explored what is meant by collaboration or its variation across a continuum of activities, depending on the specific issue to be addressed. The paper identifies at what level collaboration occurs (Macro, Meso and Micro) and domains (Direct service, Infrastructure, Management structures, Funding and Service planning). There is however, no one specific model of collaboration. Rather, a model appropriate to the needs of the sector and region, the level of collaboration and the domains of collaboration should be selected. The benefits of collaboration are significant in providing better services and outcomes for clients and communities; fulfilling a strategic role in terms of joint funding, and sharing of infrastructure and resources; and advocating for and supporting local communities.

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⁸ Hudson, B (1990). Yes, but will it work? *The Health Service Journal*, 100 (5186), 169-170.