

*California Social Work Education Center*

*C A L S W E C*

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**INTERAGENCY CHILD WELFARE  
PRACTICE**

**COLLABORATION IN SERVICE OF CHILDREN  
AND FAMILIES**

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*1998*

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## EDITOR'S PREFACE

California graduate schools of social work have been using Competency-Based Child Welfare Curriculum to educate public child welfare workers since 1992. These Curriculum Competencies were revised in 1996 based on consultation with all constituent CalSWEC members, including deans, social work faculty, public and private agency directors, professional organizations, students, graduates, and other community members throughout California. The competency-based approach is designed to encourage schools to incorporate child welfare content into already existing resources, to develop new courses addressing a specialization in public child welfare, and to create guidelines for consistency in field placements within public child welfare. It is intended to allow for maximum decision-making opportunities on the part of the schools while still paying attention to the provision of a consistent experience for the preservice student of child welfare.

This curriculum development project, *Interagency Child Welfare Practice: Collaboration in Service of Children and Families*, provides a comprehensive overview of interagency collaborations in child welfare practice. The curriculum is comprised of three modules that address the questions of *what, where, why, when, who, and how* related to collaborative practice. More specifically, the curriculum defines *collaboration* in this context, provides a sound rationale for developing collaborations, outlines strategies for overcoming barriers, explains the various stakeholders and systems involved (public child welfare, courts, health care, schools, etc.), and describes what skills are needed in order to build effective collaborations. Ultimately, this project is intended to help social workers and other

professionals understand the need for collaboration and develop the skills to engage in collaborative child welfare practice.

This curriculum project is designed for use in educating and training social work students, public child welfare professionals, and other students/professionals who serve children and families and interact with the child welfare system. The curriculum can be used for its own class/classes or it can be used to augment existing courses or training sessions. Many useful resources are included in the curriculum, such as class exercises, handouts/overheads, and an annotated bibliography. These resources can enhance instruction of the material and students' development of knowledge.

The curriculum is based on CalSWEC's core competencies *and* incorporates newly developed competencies on interagency collaboration. Both sets of competencies are provided in the *Competencies in Collaboration and Interagency Child Welfare Practice* section.

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## INTRODUCTION AND ACKNOWLEDGMENTS

The literature clearly informs us that issues facing service providers in child welfare services are complex and multidimensional and that growing numbers of service providers from multiple perspectives must be involved in intervention efforts. In addition, current child welfare practice informs us that the need for skill in the areas of interagency, interdisciplinary, and collaborative practice is critical to our service delivery systems. A major barrier to effective and relevant services for vulnerable children and families is that service systems, at all levels, are fragmented and duplicated. This disorganization not only results in ineffective service delivery to clients, but also costly and impractical use of staff expertise and resources.

A growing body of literature describes the nature of child welfare services and interactions with other service systems, including law enforcement, the legal profession, mental health, the continuum of health care services, school environments, and the community. Even though these system interactions are increasingly documented, we continue to see fragmented and disorganized systems of care. The linkage between these various systems is critical in order to achieve the most effective and sensitive level of care; this linkage is also necessary in order to help the system move from a problem-focused, “quick fix” system toward a family-focused, prevention and treatment service system.

Social work schools and public child welfare agencies across the nation have been involved in efforts to develop joint partnerships and a mutual mission in the education and training of future social workers. This mission must include a curriculum that is designed to

provide practitioners from many disciplines and perspectives with the knowledge and skills to effectively practice within a collaborative and interagency environment.

This curriculum development project is designed to combine materials for education and training to be used in schools of social work, public child welfare agencies, and within a variety of other service systems that interact collaboratively on behalf of services to vulnerable children, youth, and families. This project builds on the core CalSWEC competencies, adds additional areas of competency and knowledge on interagency collaboration, and provides a variety of tools and exercises in order to assist trainees and students in the development of knowledge and skills. It also includes an annotated bibliography of references related to collaboration, interagency practice, and interdisciplinary practice reflecting a variety of materials (books, journal articles, papers, manuals, conference proceedings, newsletters, syllabi, etc.) from multiple sources.

The author would like to acknowledge the assistance of Laurel Opalinski, Administrative Assistant for CalSWEC, in the preparation of the annotated bibliography materials, and the cooperation and support of Dr. Susan Rice and Dr. Julie O'Donnell, Professors of Social Work at the Department of Social Work, California State University, Long Beach, for their generous contributions of materials related to conflict resolution and interagency and collaborative practice strategies.

# **CALSWEC COMPETENCIES IN COLLABORATION AND INTERAGENCY CHILD WELFARE PRACTICE**

## **CALSWEC COMPETENCIES**

The following CalSWEC competencies are related to collaboration and interagency/interdisciplinary practice:

### **Section I: Ethnic Sensitive and Multicultural Practice**

- 1.13 Student participates in community outreach activities and develops and maintains collaborative relationships with individuals and groups in community agencies and organizations.

### **Section II: Core Child Welfare Skills**

- 2.4 Student gathers, evaluates, and presents pertinent information from informants, case records, and other collateral sources to support or refute an abuse or neglect allegation.
- 2.11 Student understands the mission and goals of public departments of social services and the network of community child welfare services.
- 2.12 Student understands the process of the court system and the role of social workers in relation to the courts.
- 2.19 Student works collaboratively with foster families and kin networks, involving them in assessment and planning, and supports them in coping with special stresses and difficulties.

### **Section III: Social Work Skills and Methods**

- 3.3 Student demonstrates the ability to evaluate and incorporate information from others, including family members and professionals in assessment, treatment planning, and service delivery.
- 3.12 Student engages families in problem solving strategies and assists them with incorporating these strategies.

- 3.13 Student has knowledge of and understands how to work collaboratively with other disciplines that are routinely involved in child welfare cases.
- 3.24 Student understands the strengths and concerns of diverse community groups and is able to work with community members to enhance services for families and children.

### **Section V: Workplace Management**

- 5.1 Student effectively negotiates with supervisor and professional colleagues, systems, and community resources to further accomplish professional, client, and agency goals.
- 5.2 Student is able to work effectively in a diverse environment.
- 5.3 Student can understand client and system problems from the perspective of all participants in a multidisciplinary team and can assist the team to maximize the positive contribution of each member.
- 5.7 Student takes responsibility in collaborative problem solving among workers and managers to improve service delivery to clients.
- 5.9 Student actively cooperates and collaborates with other community agencies and professionals in developing case plans and is an effective member of multidisciplinary conferences.
- 5.13 Student is familiar with a range of collaborative models.

### **Section VI: Child Welfare Policy, Planning and Administration**

- 6.2 Student demonstrates knowledge of specific laws, policies, court decisions, and regulations essential to child welfare services.
- 6.3 Student understands how a leader facilitates effective teamwork for the purpose of planning, formulating policy, and implementing services.
- 6.8 Student can demonstrate knowledge of contracting for services in public child welfare and understands how these services can be evaluated.
- 6.12 Student understands how managers create opportunities for collaboration with other work units, related agencies, regulatory bodies, courts, and law enforcement.

## **NEW COMPETENCIES IN COLLABORATION AND INTERAGENCY PRACTICE**

The following competency areas were developed during the course of this project, in consultation with representatives of public child welfare agencies as well as other service systems serving children, youth, and families:

- Student can identify facilitators, barriers, and constraints for collaborative practice and organizational partnerships.
- Student understands and can describe the connections and interdependence among systems serving children and families (e.g., education, mental health, legal, juvenile justice and court systems, law enforcement, family, child welfare agency, and community systems).
- Student understands how organizational structures can support interdisciplinary collaboration and can identify strategies for developing these supports.
- Student can identify the necessary skills needed to be an effective collaborator.
- Student understands the fundamental elements critical to effective team building within a collaborative partnership or relationship.
- Student understands the concepts of conflict resolution and conflict management within a collaborative relationship.
- Student understands the need for providing holistic, integrated human services, and the need for interagency and interdisciplinary collaboration in serving children and families.

# **Interagency Child Welfare Practice: Collaboration in Service of Children and Families**

I am convinced that the real solution to the protection of vulnerable children-- children at risk for abuse and neglect-- lies not only in the commitment of the child welfare agency, but in the commitment of the entire community.

There must be a commitment to valuing the role of the family, to supporting families, and to making them true partners in defining their own problems and solutions.

Ivory L. Johnson, (1996, p. 65)

## **MODULE I**

### **WHAT, WHERE, WHY AND WHEN?: INTRODUCTION TO COLLABORATION AND INTERAGENCY PRACTICE CONCEPTS**

# **MODULE I**

## **WHAT, WHERE, WHY, AND WHEN?: INTRODUCTION TO COLLABORATION AND INTERAGENCY PRACTICE CONCEPTS**

This module is designed to introduce students to the basic definitions and concepts that underlie the practice of collaborative social work from an interagency perspective. The module includes a presentation of working definitions, benefits of collaboration, barriers and obstacles, agency and/or organizational structures that promote or discourage the development of collaborative relationships, and professional and institutional perspectives on the practice of interagency collaboration.

### **GOALS AND OBJECTIVES**

Students will be able to:

- Understand how their professional frames of reference influence their perspectives on community issues and on collaboration with others to provide services;
- Clearly define collaboration from both an interagency perspective and a broad, diverse community perspective;
- Understand the need for providing holistic, integrated human services and the need for interagency and interdisciplinary collaboration in serving children and families;
- Understand the potential barriers and obstacles to collaboration and how organizational structures can support interdisciplinary collaboration;
- Identify benefits of collaborative practice; and
- Identify facilitators, barriers, and constraints for collaborative practices and organizational partnerships.

## WHAT IS COLLABORATION?

Most of us have experienced associating or sharing with one another, uniting for a particular cause, or collaborating at some point during our lives. We have learned that our efforts will become stronger (and frequently, more successful) if we join together with others who have common goals and aspirations. Many agencies and communities have experienced cooperative ventures as well, by sharing a resource or facility, or planning a joint program or activity. Some communities have also experienced various forms of coalitions, when individuals or agencies joined together in a common action for a particular, time-limited project or cause (National Assembly of National Voluntary Health and Social Welfare Organizations, 1991).

The activities mentioned above can be described as cooperative ventures. They imply that there is an unmet need and some degree of commitment on the part of the participants to coordinate existing services. In a cooperative arrangement, partners help each other meet their organizational goals without making substantial changes in the basic services they provide or in the rules and policies that govern their agencies (Melaville & Blank, 1991).

*Collaboration* is a fundamentally different concept. It involves a planned and sustained effort with specific commitments and obligations for each participating member, whether the members comprise groups of individuals or groups of agencies serving children and families in the community. Instead of focusing on their own goals, agencies or individuals agree to pool resources and jointly plan, implement, and evaluate new services

and procedures in order to better serve the community; collaboration incorporates elements of multiple agency services into multiple community sites (Melaville & Blank, 1991).

### ***Working Definitions***

- **Collaboration** is the process by which several agencies or organizations make a formal sustained commitment to work together to accomplish a common mission. Collaboration requires a commitment to participate in shared decision-making, and allocation of resources toward activities that respond to mutually identified needs (National Assembly of National Voluntary Health and Social Welfare Organizations, 1991).
- **Collaboration** is a fluid process through which a group of diverse, autonomous actors (organizations or individuals) undertakes a joint initiative, solves shared problems, or otherwise achieves common goals (Abramson & Rosenthal, 1995).
- **Interdisciplinary collaboration** describes the process by which the expertise of different categories of professionals is shared and coordinated to resolve the problems of clients (Andrews, 1990).
- **Interorganizational collaboration** involves independent organizations that are committed to working together for specific purposes and tangible outcomes while maintaining their own autonomy; they terminate their collaboration or transform themselves into other forms of organization when that purpose is met (Mizrahi & Rosenthal, 1992).
- **Community collaboration** is the process of developing both interdisciplinary and interorganizational connections with partners who are committed to working together in order to develop solutions to problems that affect the entire community and its multiple constituency groups.

### ***The Term Collaboration Implies That:***

- A structure is in place, by which the participants will decide how to work and plan together,
- A style of work exists whereby participants and agencies deliberately make choices to do things jointly, rather than as individuals, and
- A sense of community exists in which the participants see themselves as mutually benefiting and contributing to the total effort (National Assembly of National Voluntary Health and Social Welfare Organizations, 1991).

### ***Collaborations Have:***

- A clearly defined mission or purpose which is mutually agreed upon by participants;
- Active involvement of participants in the establishment of goals, objectives, and activities;
- Clearly defined operating procedures and a clear definition of members' roles;
- A communication system which includes regular information sharing and planned discussion of interagency competition, vested interests, and turf issues; and
- A sense of common ground where participants find a mutually agreed-upon agenda and feel the collaboration is their enterprise (National Assembly of National Voluntary Health and Social Welfare Organizations, 1991, p. 2).

### ***Who Participates in Collaborations?***

Kraus (1980) states that:

we normally find that people who are able to function in a collaborative way are those individuals who are aware of themselves, who they are, what they stand for and what their skills are, and what pushes their buttons.... their identity is not based solely on who or what they are in an organization.

The collaborative effort then is made possible through the participants' commitment to the concept. Collaboration provides both a complementing and supplementing effort; it is a process that involves working cooperatively as a team in response to a problem or demand, and bringing together specialized expertise, competence, and resources.

### ***Class Exercise 1: Puzzle Game***

This would be a good point to have students complete the Puzzle Game (located in the Supplemental Materials volume). This game enables students to experience an activity

that requires collaboration in order to successfully complete a specified task.

## **WHY COLLABORATE?**

Collaborations provide opportunities to increase the range and scope of services available to a community, and can bring about integration and continuity in service delivery. Collaborations also provide a forum for organizations to rethink how they relate to one another. The potential for shared resources may enhance the development of services and programs—this may result in more effective and efficient service to communities.

The National Assembly of National Voluntary Health and Social Welfare Organizations (1991, p. 3), identifies the following possible benefits to collaboration:

- Identification of gaps in current services and cooperation to fill these gaps;
- Expansion of available services by cooperative programming and joint fundraising or grant programs;
- Provision of better services to clients through interagency communication about client needs, referral programs, and client case management;
- Development of a greater understanding of client and community needs by examining the whole picture;
- Expression of mutual concerns and enrichment by diverse perspectives that members from varied backgrounds bring to the collaboration;
- Reduction of interagency conflict and tension by squarely addressing issues of competition and turf;
- Improvement of communication between organizations within the community and, through these organizations, improvement of communication with larger segments of the community;
- Mobilization of action to effect needed changes through collective advocacy;

- Achievement of greater visibility with decision makers, the media, and the community;
- Enhancement of staff skill levels by sharing information and organizing joint training programs;
- Conservation of resources by avoiding unnecessary duplication of services; and
- Decrease in costs through collective buying programs and other collective cost containment opportunities.

## **BARRIERS AND OBSTACLES TO COLLABORATION**

### ***Individual/Professional Barriers***

Professionalism means different things to different people. Individuals begin preparing for their professional careers at an early age, sometimes only vaguely understanding the implications of a career choice. The professional education experience changes non-professionals into professionals through the process of socialization. Professional socialization is the process by which nonmembers are exposed to certain experiences regarded by members of the profession as necessary for gaining inclusion into the profession. Professionals must become socialized into their roles in order to acquire the skills, knowledge, professional behavior, and commitment inherent to their profession.

Frequently, the emphasis on one's own professional socialization discourages in-depth discussions with individuals in other professional groups; this results in a lack of understanding of similarities and differences between groups. Differences in training, philosophy of service delivery, ethical values, and multiple perspectives of the client have resulted in professional groups becoming insular and isolated, with little communication across professional lines. The competitive environment of social services and constraints of

funding and accountability streams can easily dissuade individuals from developing more professional connections with individuals from the cadre of helpers that are required to provide the necessary services to children and families.

### **Class Exercise 2: Sharing Roles and Responsibilities**

This exercise allows students from various professional backgrounds to share their understanding of another profession's knowledge and skills, and then compare their understanding with professionals of that group. Students discuss their areas of individual and overlapping expertise. A full description of this exercise is provided in the Supplemental Materials volume.

### **Class Exercise 3: An Interdisciplinary Administrative Dilemma**

This exercise allows students to employ group problem-solving strategies in an effort to deal with the administrative problem of allocating parking spaces for a multidisciplinary agency. See full description in the Supplemental Materials volume.

### **Agency/Organizational Barriers**

The numerous barriers and obstacles to collaboration from an organizational perspective are embedded in the philosophy, culture, and practices of all social service agencies and institutions, regardless of their funding base and staffing patterns. It is important to note that these differences do not define a dichotomy of right vs. wrong or bad vs. good, but are simply different. The extent of differences between organizations varies – the most important fact is that the differences need not obstruct efforts toward a successful collaborative partnership. The participants do, however, need to acknowledge that the

differences exist at the outset.

Differences in organizational culture and style of operation deal with reward systems, decision-making styles, constraints and sanctions, degree of focus on constituencies, political influences, pragmatic versus empirical knowledge, and theory bases. Inter-organizational tensions manifest themselves within institutional mandates and objectives, division of responsibilities, distrust over past or current collaborative activities, and the ongoing battle of status and semantics, including “who’s really in charge here” and “who is really going to benefit from this activity?”

An additional constraint to the development of collaborative relationships and the furthering of collaborative work is the all-consuming nature of the activity itself. Once embarked upon a collaborative trail, it becomes a long-term commitment that requires great time and energy. It also involves conscious attention toward nurturing the collaboration itself, in addition to its products, viability, and public response issues.

The following issues exist in all agencies and are frequent obstacles to successful collaboration:

### **1. Turf**

Definition: “A top layer of earth containing grass with its roots; sod; peat; a track for horse racing; an area seen by a street gang as its territory to be defended; one’s own territory.”

In the context of social service agencies, *turf* may refer to:

- Areas of influence of a social service agency,
- Concepts of “sharing clients,”
- Geographical constraints,
- Familiarity with a particular area, and

- Familiarity with funding sources for particular program elements.

## 2. Control

Definition: “To regulate or direct; to verify by comparison; to exercise authority over; to restrain; power to direct or regulate; a means of controlling; an apparatus to regulate a mechanism.”

In the context of collaborations, these control-related concerns might arise:

- Who has the final word?
- Whose way is best?
- How do you make adjustments after losing some control?
- How will the decisions be made?
- Do all decisions have to be approved by *all* participants of the collaboration?

## 3. Authority

Definition: “The power or right to command; officials with this power; influence resulting from knowledge, prestige, etc.; a person writing, etc., cited to support an opinion or an expert.”

Consider different types of authority:

- Authority based on longevity,
- Leadership skills, and
- Political savvy.

## 4. Trust

Definition: “Firm belief in the honesty, reliability, etc. of another; faith; the one trusted; confident expectation; hope; responsibility resulting from confidence placed in one.”

The following should be understood and emphasized in order to maintain trust between collaborative partners:

- Open and frequent communication,
- Maintaining the community support and a positive image,
- Representing the interests of the whole, and
- The comfort zone and climate for collaboration.

## 5. Leadership

Definition: "To provide direction and to guide; to guide by influence; to be at the head of the activity; to show the way as by going before."

These areas should be addressed in collaborations:

- Process by which leaders are identified (rotating, election, appointment, voluntary)
- Use of task forces or the total group.
- Ownership and authorship.
- Shared leadership in all aspects (both the good and the bad).

## 6. Rewards

Definition: "Something given in return for something done; money offered as for capturing a criminal; a sense of worthwhile return."

Examples of collaborative rewards:

- More effective services for clients.
- Support and strength from a unified group.
- Visibility in the community.
- Name identification.

Questions to address:

- What is worthwhile?
- Where will we find the time?

## 7. Interorganizational Tensions

Definition: "Tautness; tightness; stress; pressure; strain; anxiety; a state of strained relations due to mutual hostility; stress on a material caused by the pull of forces causing friction."

An examination of the following areas is critical in order to mitigate interorganizational tensions:

- What is the history of the agencies and the community?
- What is the individual identity versus the collaborative partnership identity?

- What kinds of partnership activities have occurred in the past?
- What is the sense of community and shared purpose among the agencies?

### **Handout/Overhead 1: List of Collaboration Builders/Collaboration Dividers**

This would be a good time to display the Builders/Dividers overhead and have a class discussion about examples of each of the builders and dividers. Have students think of examples in their own agencies (employment or practicum) that represent either building or dividing behaviors.

### **PREVENTIVE STRATEGIES TO MINIMIZE BARRIERS**

Barriers and obstacles to successful collaborations can arise from a number of issues, including all of those mentioned on the previous pages. Barriers can also develop because of the process used to start the collaboration or to implement its plans. Potential members often have concerns about loss of identity and autonomy. Participants may have different expectations about the purpose of the collaboration and how it will meet their needs. The following preventive strategies may be helpful in your collaborative efforts (National Assembly of National Voluntary Health and Social Welfare Organizations, 1991, p. 29):

- **Keep the commitment and activities simple at first.** Only move to the next stage of developing the collaboration when members are ready.
- **Make clear communication a priority.** Communicate with all members regularly and avoid assuming that the members are informed on collaboration business.
- **Spend time getting to know the other members.** If most members do not know each other, schedule time for information sharing and team building at initial meetings.

- **When new members join the collaboration, make an extra effort to include them in the social and business activities of the group.** People who are new often remember the little acts of courtesy and hospitality that helped them to feel welcome.
- **Encourage members to be “up front” about their needs.** Set up win/win situations so that members’ needs can be met whenever possible.
- **Do not avoid turf issues and hidden agendas.** Encourage negotiation and communication among member organizations that are in conflict. Bring in outside experts if necessary.
- **Develop clear roles for members and leaders.** Develop written statements that document commitments expected of participants.
- **Plan activities that are fun.** Celebrate the accomplishments of the collaboration. Recognize the contributions of the members and reward their accomplishments.

### ***Handouts/Overheads***

Utilize the handouts/overheads in the Supplemental Materials volume) to review and discuss challenges and strategies to improve various levels of collaboration. These handouts were prepared for the Kellogg Inter-Disciplinary Training Project and include interdisciplinary community placement modules and work with community-based field instructors and trainers. Adapt and use the handouts that are appropriate for your student population and situation.

- 1. Collaboration Builders and Collaboration Dividers
- 2. Interdisciplinary Collaboration Challenges
- 3. Strategies to Improve Interdisciplinary Collaboration
- 4. Inter-Agency Collaboration Challenges
- 5. Strategies to Improve Inter-Agency Collaboration
- 6. Community Collaboration Challenges
- 7. Strategies to Improve Community Collaboration

(Source: Dr. Julie O’Donnell, Professor of Social Work, CSULB Department of Social Work and the work of the Kellogg Inter-Disciplinary Training Project, CSULB)

## **MODULE II**

### **WHO? THE COLLABORATIVE PLAYERS IN CHILD WELFARE PRACTICE**

## **MODULE II WHO? THE COLLABORATIVE PLAYERS IN CHILD WELFARE PRACTICE**

This module presents a brief description of the agencies and professional groups who make up the collaborative team in child welfare practice. Areas of practice including child welfare, law enforcement, juvenile and family courts, schools, the health care continuum, community-based partners, clients and families, and volunteers are described. This unit also includes two case study exercises/vignettes that represent interdisciplinary and interagency collaboration for students to discuss.

### **GOALS AND OBJECTIVES**

After completing this module, students will be able to:

- Identify the various partners in the child welfare practice arena,
- Understand the need for providing holistic integrated human services and the need for interagency and interdisciplinary collaboration in serving children and families,
- Develop a case intervention plan using interagency and interdisciplinary treatment concepts, and
- Identify appropriate issues and situations for collaboration in the child welfare arena.

### **SETTING THE STAGE FOR THE COLLABORATIVE PLAYERS**

The complexity of problems and issues that present themselves in child welfare services are almost too many to list. Racism, poverty, violence, and abuse of alcohol and other drugs are just some of the forces that impinge on the life of every child in the United States. The government has organized a formal service delivery system known as child

welfare, which is sanctioned by the community and the nation, and is designed to aid children who have been abused or neglected or are at risk for abuse or neglect, and their families. Liederman (1995) summarizes seven primary goals of the child welfare system:

- Protect and promote the well-being of all children;
- Support families and seek to prevent problems that may result in neglect, abuse, and exploitation;
- Promote family stability by assessing and building on family strengths while addressing needs;
- Support the full array of out-of-home care services for children who require them;
- Take responsibility for addressing social conditions that negatively affect children and families, such as inadequate housing, poverty, chemical dependence, and lack of access to health care;
- Support the strengths of families whenever possible; and
- Intervene when necessary to ensure the safety and well being of children.

A collaborative effort that brings together multiple agencies from both the public and private, non-profit sector is necessary in order to meet these goals and provide a seamless system of care (providing necessary preventive and intervention services). Although public and private agencies share the goal of providing high quality services to children and families, they differ in their underlying philosophy, the types of children they serve, their sources of authority, and funding.

### ***Public Agencies***

**Public Child Welfare Agencies.** The public child welfare agency's role is to ensure that child welfare services are made available to the children and families who need them, and to provide community leadership in the planning and maintenance of services under all

auspices to assure equitable access by all children (Child Welfare League of America, 1984). Public agencies provide direct services, engage in standard setting and licensing procedures, provide necessary data and perspectives to legislative bodies, and promote research and demonstration projects focusing on the improvement of child welfare services and delivery systems.

**Other Public Agencies.** Ranges of public agencies work in tandem with the public child welfare agencies to provide services to children and families. School districts, departments of mental health and health services, and the juvenile justice system are the most visible of these agencies. Schools are mandated to provide educational services for those children within their designated geographical boundaries, and thus, are closely associated with the public child welfare agency's goals and objectives to provide a safe, nurturing, and supportive environment to all children. Mental health and health services provide a range of mental health and preventive/interventive health services to residents of defined geographical areas. These agencies are frequently called upon for consultation and assistance in developing treatment strategies for severely disturbed and medically needy children and families. The juvenile justice system (including law enforcement, the courts, and attorneys) works with the child welfare system, enforcing state and federal legislation related to the protection of children.

### ***Voluntary Agencies***

Voluntary child welfare agencies receive their authorization from a group of citizens who wish to provide services to children and families in certain communities (Costin, Bell, &

Downs, 1991). Responsibilities for voluntary agencies might include but are not limited to providing direct services to children and families, serving as leaders in their communities to work toward the provision of high quality services, keeping abreast of the changing needs of the community and various constituency groups in regards to service systems, and promoting measures that support families and children. Some of these voluntary partners in the child welfare system of care include community-based organizations and social service agencies serving children and families, shelters and transitional living programs, advocacy groups, and youth agencies.

### ***Clients and Families***

Frequently unidentified partners in the collaborative child welfare service delivery system are the clients and their families. While these individuals are indeed the recipients of service, they are also active participants in the service system, and professionals need to pay careful attention to assuring their inclusion and active involvement at a variety of levels throughout the treatment experience. Informal supports that are critical to children and families are also important partners in the collaborative effort, and need to be included in planning and implementation activities.

A brief description and explanation of the key collaborative players in child welfare practice follows.

## **PUBLIC CHILD WELFARE SERVICES**

Child welfare policy and practice methods are constantly changing to reflect the needs of the children and families served by the child welfare system. Policy and practice

methods also adapt to the changing economic, political, and social beliefs and policies of a particular time. In the early 1980s, the focus of child welfare services made a dramatic shift, from a strict child protection approach, with minimal involvement of the child's family, to a child-centered, family-focused approach. The latter approach supports the notion that a child will be best served by remaining within the natural family system, but that within that system, they must be safe from emotional and physical harm.

### ***Family Preservation and Family Support***

These programs provide a variety of services to support parents in caring for their children in their own home. Services include, but are not limited to, educational services that enhance family functioning, family-focused casework and interventions, and intensive family-centered crisis services to assist families in periods of stress and destabilization.

### ***Child Protective Services (CPS)***

Services provided under this program respond to reports of child abuse and neglect. Agencies providing these services are charged, by law, with the protection of children. CPS agencies investigate reports of child abuse and neglect, assess the degree of harm and potential risk of harm to the child, determine whether the child can safely remain in the home/family environment, and work closely with family and juvenile court to establish and implement plans for the child's safety and well-being. The relationship between CPS workers, law enforcement, and the court system are highly collaborative, and require excellent communication and professional relationships so that the best interests of the child are served.

## **Out-of-Home Care**

Children who have been removed from their own homes due to sustained abuse and neglect or a high level of risk for abuse and neglect are placed in one of several types of out-of-home care:

**Family Foster Care.** This type of out-of-home care is for children who have:

experienced or are at imminent risk of serious physical abuse, sexual abuse, emotional maltreatment, or neglect; have special medical or other needs; require care and protection on a temporary basis away from their parents; cannot be adequately protected and nurtured by kin; and can benefit from living in a family setting (Liederman, 1995, p. 425).

Foster care may be provided for varying periods of time in an individual family home or in a larger therapeutic foster care setting.

**Kinship Care.** This type of care is defined as “the full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents or other adults to whom a child, the child’s parents and family members ascribe a family relationship” (Child Welfare League of America, 1994, p. 2). In the past several years, kinship care has increasingly been used as the preferred environment for out-of-home care. Child welfare agencies are trying to address this increased utilization by developing policy and practice that responds to the unique family and cultural issues that present themselves in these situations.

**Residential Group Care.** This level of care is frequently provided in a community-based setting (group homes or residential treatment centers) and is able to provide intensive services

for children with emotional and behavioral problems that cannot be adequately provided for in a family setting. Families have been increasingly involved in this level of care.

**Adoption.** Adoption is a service provided “for children who cannot be cared for by their birthparents and who need and can benefit from new and permanent family ties” (Child Welfare League of America, 1988, p. 9). Under this arrangement, a legal parent-child relationship between a child and his/her adoptive parents is established, and the parental rights of the birthparents are legally terminated. Several critical issues are currently demanding the attention of adoption agencies, including: the trend toward open adoption and its impact on children, families and agencies; special needs children and the recruitment of appropriate adoptive homes for them; transracial, gay and lesbian, and single parent adoptions; and the coordination of public and private agencies’ adoption and intermediary services.

**Independent Living Services.** These services are “designed to prepare young people who must leave foster care at age 18 with the basic living skills and competence to function as adults” (Liederman, 1995). Services focus on educational attainment, employment and career preparation, appropriate health care services, and other skills necessary to allow individuals to function autonomously as adults (Barth, 1990).

**Adolescent Pregnancy and Parenting Services.** Surveys have shown that young people in the out-of-home care system tend to be “at high risk of engaging in early unprotected sexual activity, thus increasing their risk of pregnancy and early parenting” (Liederman, 1995; Polit, Morton, & White, 1989). It is imperative then, that adolescent sexuality and family planning issues are addressed for young people in out-of-home care,

and that these services are included in case plans for clients and in training development for staff.

### ***Child Daycare***

This program supplements parental caregiving and childrearing, and supports the trend toward family-centered service delivery systems. Childcare is offered in group or family settings for varied hours. Since it is expected that the demand for childcare will increase, the education of childcare staff and the licensing/monitoring of child daycare facilities are critical issues.

## **JUVENILE AND FAMILY COURTS**

**Juvenile courts** have primary jurisdiction over three areas of juvenile behavior:

- Delinquency—situations in which a youth is alleged to have violated any local, state, or federal law for which an adult can be prosecuted.
- Need of services—utilized when youths are thought to be in need of services or supervision. (Historically, truant or incorrigible behavior, curfew violations, and other status offenses fell into this category.)
- Dependency, neglect, and abuse—situations in which there are concerns about the quality of care and protection that a child receives from his or her parents or legal custodians. Law enforcement, court intake, pretrial and post-trial detention, prosecution, the judiciary, defense, probation, juvenile corrections, and parole and aftercare are elements under this jurisdiction area.

**Family Courts** have jurisdiction over divorce, paternity and child support, adoption, domestic violence protection orders, and intrafamily misdemeanors (Rubin, 1989). Case coordination is the goal of this approach. Many advocates support the notion that if the same judge heard all cases for a particular family, services would be much more effectively and efficiently delivered.

## ***Collaboration Between Child Welfare Workers and the Court***

The court has explicit responsibilities and procedures that it follows in the handling of dependency, neglect, and abuse cases for which they have primary responsibility. Understanding the relationship between social work and the juvenile court process is critical, and includes understanding a variety of distinctions between juvenile court action and criminal prosecution. An excellent resource for this information is Foster and Woods (1995).

It is essential for social workers to assume responsibility for building and maintaining cooperative relationships between professionals involved in the legal process to ensure the best outcome for the child. Skilled social workers are well aware of the value of positive relationships and communication in ensuring positive client outcomes. Relationships need to be developed and sustained between the social worker, judge, involved law enforcement personnel, and agency attorneys to the highest degree possible.

The juvenile court has been given remedial powers centered on the protection of children. This authority allows the court to order the provision of services and intervene in high-risk situations before harm to a child occurs. The decision to commence juvenile court action is generally collaborative in nature, involving a social work assessment reviewed by law enforcement. This assessment is essential to proving child maltreatment, clearly identifying risk factors, and recommending treatment interventions. The assessment plays a critical role in the case outcome.

## **MENTAL HEALTH**

Mental health services are activities that “promote mental well-being and alleviate

mental disorders” (Lin, 1995). Services are provided in a variety of settings, representing public, private/non-profit, and private/for-profit arenas of practice. Publicly supported mental health services have moved toward a more focused target population of the persistently and chronically mentally ill, particularly in services to adults. Community mental health clinics, state and county psychiatric hospitals, psychiatric units in state and county general hospitals, and the Veterans Administration provide the major public mental health services. Freestanding outpatient clinics have significantly expanded their mental health services, in both the public and private sectors. Mental health services are also frequently available in other settings, including schools, housing sites, public health centers, and prisons.

While mental health services may be provided by a web of social institutions that spans the mental health, health, social welfare, educational, and juvenile justice systems, they are often fragmented and unable to provide continuity of care for children or their caregivers. Lin (1995) reports some positive developments in this area, including the trend toward integrated and wraparound services, and community-based systems of care that focus on prevention as well as intervention. Collaboration and interagency agreements are desperately needed in this area.

The child welfare system of services has extensive interaction with the mental health system, as they are frequently seeing the same client population. Social workers make up the largest percentage of mental health practitioners across the country; this fact may lend itself to the development of meaningful collaborative partnerships.

## SCHOOLS

School social work practice has expanded significantly over the last decade. Changes in the economic, social, educational, and political climate have placed additional stressors on family life, increasing the number of at-risk children in public schools, and thus greatly increasing the numbers and types of services that they require. Increased interest in the school-linked services effort is part of a larger movement to integrate and coordinate education, health services, and social services for children—a collaborative partnership between a number of service agencies working toward common goals and working to improve the service delivery systems.

The recent “trend toward more interdisciplinary teamwork and case management services with other professionals in the school and community has profoundly affected what schools’ social workers identify as their appropriate professional roles and tasks, and the priorities among them” (Freedman, 1995). Radin (1989) described the primary roles of school social work practice as “family-school liaison, caseworker, and agent of social change intervening at larger system levels.” Most recently, school social work services have expanded in the area of providing preventive interventions to high-risk children and youths, as well as services to preschool children with disabilities. Schools are enduring and dominant institutions in the community and all children pass through their doors in the geographical area. Anecdotal comments suggest that schools are in a position to provide more services with less stigma for at-risk children and families since schools already provide a wide range of educational; supportive; and non-traditional, non-educational

services to all students.

School social workers intervene with individuals in a traditional, clinical model; with schools and school districts in a school change model; and with systems of all size in the ecologically-based systems model. Each of these models of intervention has important implications for collaboration with other helping professionals and with child welfare work particularly. School personnel (teachers, nurses, administrators, aides, building management staff) may play a critical role in identifying potential abuse and/or neglect situations when children in their institutions exhibit symptoms of physical or emotional abuse. Child welfare agencies (public and private) need to increase their efforts toward relationship building between themselves and the schools, to include education and training, sensitivity training, and the creation of avenues for productive collaboration and service to children.

## **HEALTH CARE CONTINUUM**

The continuum of health care services includes a wide range of professional groups and health problems, including medical and physical problems, neonatal and pediatric specialty services, dental services, vision care, health prevention services (including immunizations), nutrition services, rehabilitation, long term care, and special services for specific disabilities and life threatening conditions. Health care services are provided to children and their families from a variety of vantage points. Inpatient services are provided in hospitals and medical centers, many of which have a specialty children's center or treatment area, and outpatient services are provided through hospitals and medical

centers, as well as by freestanding outpatient clinics in the local community. Dental and vision care needs are often met by outpatient clinics or facilities, but have also been integrated into some schools and other community-based social service agencies. A variety of specialty services are addressed by non-profit agencies and national organizations that focus on particular disabilities or chronic conditions (e.g., Arthritis Foundation, Juvenile Diabetes Foundation, etc.). Rehabilitation and long-term care facilities are available from both public and private funding streams.

Health care services include high-risk screening, discharge/continuity of care planning, information and referral, health promotion, health education, service coordination, advocacy and community planning, all of which lend themselves to a collaborative approach. Given recent changes in funding and managed care environments, a collaborative approach has become even more critical. Fast-paced admissions and discharges from acute care facilities, and the need to involve all potential caregivers and support systems for the client (child or adult) in outpatient services will continue to require collaborative and cooperative arrangements among service providers.

In inpatient medical settings, the importance of close collaboration between health care personnel and child welfare staff is particularly significant. Emergency room personnel frequently see children with injuries related to potential abuse or neglect, and must have knowledge of the child welfare system to know where to turn for consultation and assistance. Equally important is the collaborative relationship between OB/GYN units, neonatal intensive care units, and the child welfare system. A good relationship between

these systems can ensure that children with potentially serious conditions are given maximum attention in discharge and future service provision planning.

Maternal and child health (MCH) programs emphasize the improvement of the health status of mothers, infants, children, and adolescents. MCH programs have been a priority in the United States for decades. These programs address a wide variety of issues and problems, including school health programs, sex and health education, poison control, pediatric dentistry, well-child clinics, and comprehensive services for pregnant teenagers. Recently, more attention has been focused on newly developing areas of concern, including adolescent health, human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), and maternal substance abuse. Attention to issues of preventive health, immunizations, and access to preventive and primary childcare services have also increased in the last decade.

### **COMMUNITY-BASED AGENCY PARTNERS**

A variety of community-based, non-profit and proprietary agencies provide social services that are closely related to the child welfare services provided by public child welfare agencies. Community-based foster care agencies and group homes have substantially increased over the past few years in an effort to meet the increasing need for out-of-home placement arrangements. Child guidance clinics and family service organizations provide services (including basic social services, individual counseling, family treatment, and parenting training) to many of the same individuals who are interacting with the public child welfare system. They often provide mental health assessments and

consultation to assist child welfare workers in case planning and making recommendations to the court. Youth community programs, domestic violence residential and treatment programs, programs serving the homeless (particularly homeless families and mothers with children), substance abuse programs, job training, JTPA and employment programs, and corrections agencies are just a few of the many community partners in the child welfare system of services.

It is possible for a family with the potential for abuse or neglect, or a family with adjudicated abuse or neglect, to be interacting with several treatment providers from different community-based agencies, in addition to the child welfare worker, the judge, attorneys, and other voluntary support systems. All of these providers and professionals are involved in an effort to improve the child's (and the family's) life. A strong model of collaboration is clearly needed between these agency systems, at both the administrative and direct practitioner level, to alleviate the confusion and fragmentation that children and families feel and observe. This collaborative effort needs to include the development of integrated services to clients, as well as an agenda for planned system change and system improvement. The purpose of this effort would be to achieve more efficient ways of providing needed services in a responsive and respectful manner. Hooper-Briar and Lawson (1996) provide vignettes of many exciting efforts in this area.

## **CLIENTS AND FAMILIES**

Frequently, the need to involve clients and families as active participants in the development of prevention and treatment plans is overlooked, and perhaps more

commonly, is ignored. In our haste to develop the most effective (and efficient) intervention, we may assume that we know what is best for the child and family, and proceed to develop that “best” plan. What we have forgotten is to include the family in the development of that plan; by excluding the family, we did not identify variables or constraints that would make the plan unworkable or potentially unsuccessful. Carroll (1980) surveyed the literature on collaboration of social workers and clients, and defined the implications of collaboration with clients for social work practice as very clear-cut. Carroll states that:

Collaboration promotes the primary values of social work—respect for the uniqueness and dignity of the individual, and self determination. Lack of collaboration often undermines these values and interventions tend to reflect client problems rather than provide viable alternatives. Collaboration with clients should be built into the standard operating procedures of social work agencies.

Moving to a collaborative intervention framework means that we must change some of our previous work habits. For example, we can no longer take the responsibility for making all of the decisions. We share that responsibility with others, including the children and families with whom we are working. We need to be able to view the children and families as *partners* in the design, implementation, and evaluation of the services, not just the *recipients* of the services. Bishop (1993) has identified Seven Principles of Family/Professional Collaboration:

1. Promotes a relationship in which family members and professionals work together to ensure the best services for the child and the family;
2. Recognizes and respects the knowledge, skills, and experience that families and

professionals bring to the relationship;

3. Acknowledges that the development of trust is an integral part of a collaborative relationship;
4. Facilitates open communication so that families and professionals feel free to express themselves;
5. Creates an atmosphere in which the cultural traditions, values, and diversity of families are acknowledged and honored;
6. Recognizes that negotiation is essential in a collaborative relationship; and
7. Brings to the relationship the mutual commitment of families, professionals, and communities to meet the needs of children with special health needs and their families.

## **VOLUNTARY AGENCIES AND INFORMAL SUPPORT SYSTEMS**

“The United States is the only country in the world where giving and volunteering are pervasive characteristics of a total society” (O’Connell & O’Connell, 1989). The social work profession has its roots in volunteerism; social workers started as volunteers and eventually moved to professional status through training and salary activities.

Much of the volunteer work in human services settings involves working with individuals or providing resources and support for the services themselves, and this is true in public and community-based child welfare agencies as well. An example of a significant volunteer contribution to child welfare services is the Court Appointed Special Advocate (CASA) program, where volunteers provide individual support services to children and families involved in juvenile court activities.

Many children and families have their own informal support systems that provide them with emotional support, friendship, emergency assistance, and frequently provide a

relationship that can increase morale and encourage motivation for change. The family may have additional supports from a spiritual arena (either a formal association or a local healer), from extended family members, and from other cultural and/or ethnic support systems. An important element in the child welfare worker's assessment of the family's situation and environment is the identification and inclusion of these important persons in the client's life. Using an ecomap or genogram could be a valuable tool in completing a comprehensive assessment of the client and family.

### **HANDOUTS/OVERHEADS**

- 8. Model of an Ecomap
- 9. Genogram: An Example

### **EXERCISES**

The following exercises are recommended as tools to strengthen students' understanding of concepts taught in this Module. The exercises are described in the Supplemental Materials volume

- 4. S. B.: A Case Vignette
- 5. The Family Reunification Role-Play

## **MODULE III**

### **HOW?**

## **BUILDING SKILLS FOR EFFECTIVE COLLABORATIVE PRACTICE: AN INTERAGENCY PERSPECTIVE**

## **MODULE III**

### **HOW? BUILDING SKILLS FOR EFFECTIVE COLLABORATIVE PRACTICE: AN INTERAGENCY PERSPECTIVE**

This module is designed to introduce students to skills and strategies for building effective collaborative relationships in the service of children and families. The module begins with a discussion of the elements necessary in a high-quality service delivery system, and then covers a variety of topics, including conflict resolution and conflict management, team building, successful steps to collaboration, strategies for an organization to develop a collaborative partnership, and an overview of the skill development areas for appropriate collaboration.

#### **GOALS AND OBJECTIVES**

At the end of this module, students will be able to:

- Understand the need for collaborative partnerships in the service delivery system for children and families,
- Understand the concepts of conflict resolution and conflict management within a collaborative partnership and design a strategy to address these issues and concerns,
- Identify skills needed to be an effective collaborator,
- Describe a climate which is supportive of collaboration and design a strategy to help an organization become more committed to the collaborative process,
- Understand the fundamental elements critical to effective team building within a collaborative partnership or relationship, and
- Be able to describe a climate that is supportive of collaboration among community agencies in the practice of child welfare.

## THE NEED FOR COLLABORATION IN CHILD WELFARE SERVICES

The literature clearly informs us that issues facing service providers in child welfare services are more complex and multidimensional, and that growing numbers of service providers from multiple perspectives must be involved in the intervention efforts. Current child welfare practice also informs us that the need for skill in the areas of interagency, interdisciplinary, and collaborative practice are critical to our service delivery systems (Downs, Costin, & McFadden, 1996). A major barrier to effective and relevant services for vulnerable children and families is the manner in which service systems are fragmented and duplicated; this results in ineffective service delivery to clients as well as costly and impractical utilization of staff expertise and resources.

In most communities, it will take many interagency partnerships to develop and maintain a seamless and totally integrated system of services for children and families. It is critical that each of the participants share a similar understanding of what high-quality service delivery entails. It is only with this shared perspective that collaborative efforts will reach success in building a high-quality service delivery system.

### ***Elements necessary for a highly effective and efficient service delivery system:***

- A wide array of prevention, treatment, and support services—sufficient in kind and number to meet the multiple needs of children, youth, and families, and to respond to the overlapping risk factors that lead to abuse and neglect, school failure, teen pregnancy, unemployment, and other negative outcomes.
- Comprehensive service delivery must include techniques to ensure that children and families actually receive the services they need.
- Services should focus on the whole family.

- High-quality services must empower children and families.
- The effectiveness of high-quality, prevention, support, and treatment services must be measured by the impact that these interventions have on the lives of the children and families.

Interagency partnerships hold great potential for the large-scale delivery of comprehensive services because they bring together a broad range of professional expertise and agency services. Collaborative partnerships also have the capacity to harness and combine substantial financial resources available within several institutional budgets.

This model of service delivery creates a *seamless system of care*, in which the full range of public and private agencies form a partnership that creates a safety net for all families in a community. A *seamless system of care* also includes interventions across the continuum of intensity of available services. Primary, secondary, and tertiary levels of care should be available for families, depending on the pervasiveness of their problem(s).

- **Primary Intervention** is most appropriate for families who could use knowledge before a problem arises (i.e., giving families immunization schedules, explaining how to use punishment and reinforcement to help shape children's behaviors, etc).
- **Secondary Intervention** may involve helping parents with a child who has few friends in order to teach their child social skills or it could involve home-visiting programs for teenage mothers to help prevent child abuse.
- **Tertiary Intervention** involves programs such as Home Builders, in which families receive intensive intervention once a documented incident of child abuse has occurred (Roberts, Rule, & Innocenti, 1998).

Evidence suggests that most communities will need all three levels of intervention, but that a well-established system of primary and secondary service systems may decrease

the need for the most intensive (and usually more costly) tertiary intervention activities.

The practical advantages of collaborative partnerships in providing continuous and integrated services to individuals and families are clear. The process of arriving at mutual agreements between agencies and professionals to work together in this manner involves many steps and often takes many months. Once these agreements are established, the agencies and professionals must address the process of helping clients to transition from one service provider to another and/or to simultaneously negotiate the service systems of multiple agencies.

Rosenkoetter, Hains, & Fowler (1994) identify three levels of transition planning that are necessary to help agencies develop the collaborative set necessary for a seamless system of care to exist and function effectively:

1. Developing interagency policies. These policies need to be developed by the agencies along with stakeholders in the process. The policies need to be broad and flexible, and need to change based on outcome evaluation findings of the collaborative effort. The following policies must be addressed:
  - Fiscal issues,
  - Agency responsibilities,
  - Types of information exchange, and
  - Process of information exchange.
  
2. Developing interagency procedures. Critical stakeholders and participants need to be involved in the developmental efforts around the following areas:
  - Timelines,
  - Individual participant responsibilities,
  - Structure of transition activities,
  - Leadership of the transition activities—who's in charge, and
  - Beginnings and endings for transition activities.

3. Family Procedures. This is the level at which specific plans and activities are developed that move the recipients of service through the collaborative policies and procedures (established above).

Several other key questions need to be addressed in developing the collaborative effort:

- Does each agency have different criteria for establishing eligibility?
- Did each agency require different tests for eligibility?
- Was the parent involved as an equal partner in the transition process?
- Was the transition sequential? If so, did the parent/client understand it?
- If the transition was not sequential, how did the parent/child feel about the changes?

The concept of a seamless system refers to the person(s) receiving services, not to those providing services. The best indicator of success in a seamless system would be that the service recipient was not aware of the transitions. This would be a more significant outcome than just the fact that multiple systems were involved in the provision of services.

### **Class Exercise 6: Case Vignette: “What’s the Matter with Laura?”**

Source: Rebera Elliott Foston (1986)

Divide the class into groups (with representatives from multiple disciplines in each group) and discuss the case vignette, “What’s the matter with Laura?” (located in the Supplemental Materials volume). Ask each group to identify the specific points in the vignette where collaboration would be appropriate and to determine what various participants in the collaborative effort might assume as areas of responsibility. Then ask the groups to discuss ways in which they would develop a collaborative effort among their agencies to provide an integrated and consistent treatment experience for Laura and her family members.

## **CRITICAL CONCEPTS FOR BUILDING COLLABORATIVE RELATIONSHIPS**

### ***Conflict Resolution/Conflict Management***

**Definition of conflict:** "A situation in which incompatible activities occur; each activity makes the other less probable or effective" (Allender et al., 1997, p. 9).

Conflict represents a particular kind of interaction and may be intrapersonal (within one person), interpersonal (between two persons) or collective (between groups). Conflict in a collaborative relationship may be between individuals within participating agencies, or among the agencies themselves. When conflict occurs, at least two conflicting agendas are involved; opposing behaviors, desires, and values surface, which stem from personal or professional views and values (Allender et al., 1997, p. 9).

Conflict is not inherently destructive. Indeed, it can present one with an opportunity to strengthen relationships and achieve personal growth. It is critical to employ a method of conflict resolution that results in positive outcomes—a method that not only settles the dispute, but also emphasizes personal development and restoration of important relationships among individuals and partnerships (Kruk, 1997).

Allender et al. (1997, p. 10) describe elements of constructive and destructive conflict:

**Constructive conflict** is facilitated by the presence of certain conditions:

- The parties perceive each other with unconditional regard and respect.
- Communication is genuine and open.
- The parties are sensitive to their commonalities and possible meeting points.
- Persuasion is used to guide the decision process.
- The goal is a solution that is responsive to the needs of both parties.

**Destructive conflict** results when the above facilitative conditions are lacking and when the following attitudes and behaviors are present:

- The parties primarily perceive each other as a threat to their self-interests.
- Communication is limited and guarded.
- The parties magnify their differences.
- Deception and force are used to achieve one's goal.

- The goal is to increase one's power and resources and to limit those of the other party.

Constructive conflict enhances human growth:

- Parties are open to innovative and creative solutions.
- Personal and social change is begun.
- One's self-awareness is enhanced.
- Objectives and norms are clarified.
- Commitment to improve the relationship is increased.
- One feels control over his or her personal environment.

Destructive conflict hinders human growth:

- The primary focus is protecting one's self as opposed to seeking growth.
- Interactions are guarded.
- Psychological distance between parties is increased.
- One feels that she or he must be "controlling" for his or her own safety" (Allender et al., 1997, p. 10).

There are five commonly discussed styles of conflict management presented by

Kruk (1997):

1. **Competition**—scores high on assertiveness and low on cooperation. It often occurs when one stands up for his or her rights, defends positions she or he believes are correct or when one is simply trying to win. It is useful when quick and decisive action is vital and when unpopular courses of action need to be implemented. Drawback—potential of closing oneself off from other perspectives and losing the opportunity to learn.
2. **Accommodation**—scores high on cooperation but low on assertiveness. It involves neglecting one's own needs in order to satisfy those of the other. It also involves selfless generosity or charity yielding to another point of view. This approach works when the issue is more important to the other person and when preserving harmony is most important. Drawback—not getting attention, respect, and recognition for your own ideas and/or concerns, and the likelihood that others may take advantage of you.
3. **Avoidance**—scores low on both cooperation and assertiveness. It involves pursuing neither one's own concerns, nor the other's concerns. It is beneficial when the issue

is trivial, when there is no chance of satisfying one's concerns, and when one wants to let people and tensions cool before directly dealing with the conflict. Drawback—one's influence may suffer as a result of a pattern of denial or avoidance; also, decisions are made by default. It take lots of energy to avoid!

4. **Compromise**—scores in-between assertiveness and cooperation. The objective is to find an expedient solution that partially satisfies both parties; this approach seeks middle ground. It is useful to arrive at expedient solutions when under time pressure, when issues in dispute are moderately important, or when people are locked into mutually exclusive positions. Drawback—one often loses sight of larger issues that underlie the conflict, and the overemphasis on bargaining and tradeoffs undermines interpersonal trust and deflects attention away from the merits of each person's position.
5. **Collaboration**—scores high on both assertiveness and cooperation. Mediation is based on the collaborative style of conflict management and involves a mutual problem-solving process to resolve conflicts. This approach seeks a solution that will fully satisfy the concerns and interests of all parties. This is critical when important relationships are at stake, when the issues in dispute are significant to both parties, and when a commitment can be made to spend the time required in a problem-solving process. Drawback—trivial problems do not require optimal solutions and it is hard to justify the time and energy that collaboration requires for such issues.



#### **Handout/Overhead 10: Responses to Conflict**

(Source: Dr. Susan Rice, Professor, Department of Social Work, CSULB)

Utilize the handout or overhead to review the various responses to conflict, integrating the five approaches discussed above.

### **COLLABORATION AND CONFLICT RESOLUTION**

Several conceptual frameworks underpin the collaborative approach to conflict resolution including negotiation theory, communication theory, systems theory, and the problem-solving framework.

Collaboration appears to be the most effective model for resolving conflicts, in personal interactions as well as in the professional interactions and activities of the collaborative work. It makes a conscious shift from “me against you” to “us against the

problem,” and emphasizes the positive effects of pooling resources (time, materials, and psychological strengths).

### **Handouts/Overheads**

Use the following handouts/transparencies to guide the class in a discussion of strategies for approaching conflict and reaching resolution. The use of the overhead projector might be the most effective mechanism to help students retain the information presented.

- 11. Operating Assumptions for Approaching Conflict
- 12. Beliefs that Lead to Impasses
- 13. Beliefs that Lead to Win-Win Resolutions
- 14. Descriptive Model for the Win-Win Approach

### **COMPONENTS FOR EFFECTIVE CONFRONTATION**

A six-step method for effective confrontation is described in the *Components for Effective Confrontation* handout (found in the Supplemental Materials volume). This method can be utilized in collaborative arenas, as well as in all facets of an individual’s personal and professional life. This easy-to-use series of questions and statements uses “I” statements, which enable the individual who is doing the confronting to “own” his or her involvement and choices in the interaction. It also emphasizes the concepts of collaborative problem-solving and active listening at all phases of the process.

### **Handout/Overhead 15: Components for Effective Confrontation**

(Source: Dr. Susan Rice, Professor of Social Work, CSULB Department of Social Work)

### **Class Exercise 7: Application of Six-Step Method for Effective Confrontation**

Have students identify particular troublesome issues in which they feel a confrontation is appropriate (as they do not want to escalate the situation into a conflict). Have them practice the six-step method approach in dyads or larger groups. Be sure to encourage students to ask for feedback about their presentation using the guidelines on the handout.

### **Handout/Overhead 16: Active Listening**

### **Class Exercise 8: Active Listening and Communication Skills Discussion**

From a collaborative perspective, active listening and clear communication are critical skills in the application of conflict resolution principles. Help students review the basic principles of communication (hopefully students will remember these concepts from their basic practice courses) and integrate appropriate elements from the NASW Code of Ethics regarding communication issues. Review the points on the Active Listening Handout and have students role play scenarios that will help to demonstrate these points.

### **Class Exercise 9: Conflict Discussion**

Divide the class into groups, with different professions represented in each group. Have the groups discuss a conflict that they have seen develop during collaborative efforts with other service providers in the child welfare system. Have the students identify the issues that underlie the conflict, the strategies used to resolve the conflict, and the outcome. Be sure that the students spend some time in their groups reviewing the possible role sets of their personal and professional roles and how they may have influenced the development and resolution of the conflict. Report back to the main group after completion of the discussion exercise.

### ***Team Building***

The nature of collaborative practice necessarily requires that each of the participants be an active and committed member of the team of service providers. Teamwork in the helping professions is not a new phenomenon. Multi-professional teams, which represent more than one profession, began to appear in the 1940s (Schmitt, 1982) and continued to

evolve, particularly in the healthcare field, in the 1960s and beyond. Since the 1970s, interprofessional teamwork emerged. The interprofessional team differs from single professional and multi-professional teams in that it involves the “interaction of various disciplines around an agreed upon goal to be achieved only through a complex integration or synthesis of various disciplinary perspectives” (Schmitt 1982, p. 183). In collaborative practice, teams of providers (individuals, professionals, and agencies) are involved in providing not only a resolution to a particular set of problems or concerns presented by the client, but are also focused on larger changes and problem resolution, including system change, to better serve clients.

### ***Essential Elements of Interprofessional Teamwork***

Task and maintenance functions are essential elements of teamwork that ensure the development and ongoing operation of a team approach.

#### **Task Functions**

- These functions involve the team’s reason for being—the purpose for which it was formed.
- Boundaries must remain open to the external environment, as external factors sanction and give purpose to the team.
- Outcomes of team behavior are a specific, concrete product that fulfills the requirement of task completion.

#### **Maintenance Functions**

- Communication—the basis for all team functioning.
- Values—“formulations for standards of worth held by both individuals and teams” (Brill, 1976, pp. 62-63).

- Norms—“attitudes and behaviors that are expected of a person in a certain role in a certain team, or of a certain team in a certain situation” (Brill, 1976, p. 63).
- Roles—members in a team assume roles that typify the positions and various levels. Roles include both personal and professional roles.
- Leadership—a variety of functions performed by individuals that provide the basis for the team’s functions (purpose, goals, process, resource utilization, evaluation, etc.).
- Decision Making—the basis of decision making is in the assumption that the wisdom resides in the team, and the team needs both elements of choice and alternatives to be effective.
- Conflict Resolution—essential in teamwork because it is one of the most productive forms of collaboration (Kane, 1975).

### ***Organizational Barriers to Teaming***

Four organizational barriers to team development and team maintenance have been identified by Gutkin and Curtis (1990):

- Lack of control, influence, coordination, and interaction between team members and other members of the constituency groups (e.g., community agencies, parent groups, voluntary groups, advocacy groups, etc.).
- Less than optimal cooperative group process within the team.
- Lack of systematic and planned evaluation of team functioning.
- Inability to determine who will be the team leader or facilitator.


### **Class Exercise 10: Discussion Questions:**

1. What strategies can you use to deal with each of the above-mentioned barriers?
2. What kind of administrators will create an environment that supports team building and collaboration?
3. How can you influence your own agency to move in the direction of this development?

4. What skills and strategies can you use?

**Key Elements of Effective Teams** (Adapted from Allender et al., 1997, Ott & Dawson, 1995)

- A climate of high social support.
- Interdependence among team members.
- Open, genuine communication.
- Creative problem-solving capacity.
- A high level of technical proficiency.
- A sense of purpose and common mission.
- Effective team facilitating.
- Appropriate empowerment to make decisions.

 **Class Exercise 11: Team Rules**  
(Adapted from Mary-Ann Sontag, PhD, MSW)

Objectives:

1. To clarify the rules which govern the interdisciplinary team.
2. To identify differing expectations.

Each team member should spend some time writing down the rules that exist for the interdisciplinary team. These rules can be formal or informal. The goal is for members to identify what they perceive as the rules that govern the team and their activities together.

After all members have written their own list of rules, create a giant list of all the rules that were identified. (Note: it may be preferable for the lists to be turned in anonymously.) Then, as a team, go through the combined list and discuss the rules. Eventually, guide members to arrive at a consensus on the final list of team rules.

**Stages of Team Development** (Adapted from Ott & Dawson, 1995)

The stages of team development follow a logical sequence, though they do not always follow a linear process. Any stage or step may be revisited throughout the

development process. We need to think about interdisciplinary teams (and for the purposes of this module, inter-agency teams of professionals) as living organisms—they take shape and grow over time. Further, growth may become irregular at times, boundaries may become fuzzy and indiscriminate, and teams must adapt to changing environments and situations. Ott and Dawson (1995) identified several critical stages of development.

### **1. Start-Up**

Primary tasks:

- Assess the need for a team approach (or interagency collaboration).
- Determine the readiness of the potential participants to pursue team development.
- Obtain administrative sanction.

### **2. Support and Sanction**

Cooperation at the level of administration (of all of the participants) must include:

- Support for the team.
- Making time available for team members (partners) to meet.
- Support for any planned activities.
- Awareness of the services provided by the team.
- Knowledge of the benefit of a family/systems approach to problem solving.
- Employing mini-teams as necessary.
- Release time and in-service time for team members.

### **3. The Team Focus**

- Overview and rationale for the team (collaboration) mission.
- Term limits—planned membership and activity duration.
- Relationship among team members.
- Participatory team development:
  - Team building and exploration of alternatives.
  - Development of trust and support among team members.
- Development of necessary in-service/training curriculum.

#### **4. Designing the Team**

- Clarify the mission of the team.
- Identify team composition needs:
  - Balance, flexibility, and stability.
  - Define relationship among team members.
- Identify appropriate team size:
  - Balance breadth of knowledge and experience with optimal size for communication.
- Team selection criteria:
  - How will members be identified and designated?
- Term of service:
  - Balance stability of team with competing professional responsibilities.
- Team leadership and decision-making style:
  - Who assumes the leadership?
  - How are decisions made concerning team business?
- Team record-keeping:
  - Balance the need to minimize bureaucracy and necessary record-keeping to help the team work efficiently.
- Team follow-up activities:
  - How should progress of the team efforts be tracked and reported?
- Evaluate consumer satisfaction and other desired outcomes:
  - Identify multiple constituencies and evaluation strategies using positive and negative evaluative feedback.
- Provide for team maintenance:
  - Engage in nurturing activities as well as goal-focused tasks.

#### **5. Establish Team Procedures**

- Keep strategies “friendly” and collegial in nature—avoid jargon.
- Provide record-keeping and time-keeping processes.
- Provide for follow-up processes.

#### **6. Team Roles and Collaborative Problem Solving**

- To achieve real teamwork:
  - Use discipline and training.
  - Avoid the tendency to offer advice rather than problem-solve.
- To achieve effective group problem-solving:
  - Maintain a balance of head and heart.

- Harmonize roles.
- Emphasize skill building and confidence building.
- Negotiate transition points in problem-solving process.
- Employ a systematic approach to problem-solving:
  - Use functional team roles that enhance group cohesiveness.
- Basic steps of collaborative problem-solving:
  - Promote non-hierarchical relationships.
  - Collaborate with team members.
  - Respect individual members.
  - Acknowledge the knowledge base of all participants.
  - Ensure equal status for all participants.
  - Take time to listen to each member.
  - Pay attention to confidentiality issues.

### **Class Exercise 12: Observation of Team Meeting**

(Adapted from Mary Ann Sontag, PhD, MSW)

Objectives:

1. To identify strengths and limitations of the group dynamics of the team.
2. To assist the team in attaining balance.

This exercise requires that one person be appointed the observer for a team meeting. The observer is to record his or her observations about the process of the meeting, paying attention to such things as the balance of the interactions, nonverbal communication, interruptions, dominant members, quiet members, and anything that enhances or reduces the ability of the group to communicate openly. In addition, the observer should document topics discussed, including time spent on each topic.

These observations should be provided as feedback to the group at another time (perhaps at the beginning of the next meeting). The observer should prepare his or her remarks carefully and be able to facilitate discussion based on his or her observations.

### **Class Exercise 13: Case Vignette: Jimmie**

(Source: Casto & Julia, 1994.)

Divide the class into workgroups, having representatives from multiple professions in

each group. Have them follow the activity and discussion questions for the case vignette, “Jimmie” (included in the Supplemental Materials volume).

## **BUILDING A COLLABORATIVE SYSTEM**

### ***Assessing the Need for Collaboration in the Community***

Now that conflict resolution and team building have been reviewed, this section covers the process of building an integrated and collaborative system.

Melaville and Blank (1991) identified three critical areas that agencies should address to assist them in the assessment of the need for interagency partnerships. Areas of inquiry include: a) an inventory of how the agency is performing in its service delivery functions, b) an inventory of how the agency needs to change, and c) the development of a process to enable the agency to assess its readiness to engage in interagency partnerships. Frameworks for analyzing human service systems and communities have been developed by Netting, Kettner, and McMurty (1993), which might be helpful in completing this initial assessment and evaluation phase.

#### **Handouts/Overheads 17-18 and 19-24**

At this point, the following handouts may be useful to discuss with students.

- Handout 17-18: Netting, F. E., Kettner, P. & McMurty, S. (1993). Appendix: Framework for Analyzing Community Human Service Systems. In F. E. Netting, P. Kettner, & S. McMurty, *Social work macro practice*. New York: Longman Press.
- Handout 19-24: Netting, F. E., Kettner, P. & McMurty, S. (1993). Appendix: Framework for Analyzing a Human Service Organization. In F. E. Netting, P. Kettner, & S. McMurty, *Social work macro practice*. New York: Longman Press.

## **Potential Administrative Barriers**

How likely is it that a collaborative relationship will develop in a community of social service agencies? Many variables need to be considered. Scarcity of resources, economic insecurity, and competition for clients or funds are common incentives for agencies to come together in the delivery of necessary services. If agencies have had unproductive partnerships in the past or if the participants have overlapping and conflicting obligations and beliefs, then much negotiation, team building, and perhaps conflict resolution will need to occur *prior* to the building of the collaborative.

Key players or leaders in the prospective collaboration must be fully committed to the concepts of the activity, and must be able to effectively convey this commitment and a high energy level to staff at all levels within the agency. Every individual in the agency needs to be compelled to the effort for it to be truly successful and productive. The level of power and the stability of each of the partners will greatly affect collaborative efforts. The handout, *Hierarchy, Power and Control in Collaboratives: Vicious Cycles that Erode Collaboration*, further illustrates these concepts.

### **Handout/Overhead 25-26**

Hierarchy, Power and Control in Collaboratives: Vicious Cycles that Erode Collaboration (Hooper-Briar & Lawson, 1994.)

## **The Stages of Collaboration Building**

Collaborations, like any other activity, involve specific developmental stages. Each stage has its own distinct tasks, processes, challenges, and outcomes that must be completed before all partners can move to the next stage. Abramson and Rosenthal (1995)

defined four developmental stages of collaboration building:

**1. Formation**—the process of mobilizing for collective action.

Primary Tasks:

- Recruit and engage participants.
- Establish operational ground rules.
- Develop working relationships.
- Establish mechanisms for accountability.
- Develop a common mission and shared view of the issues.
- Build trust and a sense of ownership.
- Cultivate optimism and positive expectations.
- Identify and obtain resources.

**2. Implementation**—taking action, reviewing preliminary results, and analyzing progress to determine next steps.

Primary Tasks:

- Renegotiate preliminary agreements.
- Conduct a community assessment.
- Develop a strategic plan.
- Coordinate intake and referral procedures.
- Develop communication protocols.
- Address issues of group function and group norms.
- Promote cohesion.

**3. Maintenance**—lasts for the rest of the collaboration's lifetime.

Primary Tasks:

- Move toward expansion or institutionalization.
- Monitor agreements and compliance.
- Engage in strategies to maintain momentum of the group.
- Manage tensions between the collaboration and its external environment.
- Manage tensions among collaboration participants around issues such as leadership and decision making.
- Manage tensions between the collaborative members around such issues as goals, strategies, and expected outcomes (Rosenthal & Mizrahi, 1994).

**4. Termination or Transformation**—the collaboration ends its active life or becomes transformed into another interorganizational entity.

Primary Tasks:

- Assess the collaboration's progress in achieving its goals.
- Assess the need for a permanent structure if further goals are identified.
- Assess needs of the target population.
- Determine if a new constellation of members is necessary.

As discussed earlier, collaborations are not only about working together to provide enriched and integrated services for client populations. Collaboration is also about system change, and developing and building new systems that will more effectively serve the selected target population. Melaville, Blank, and Asayesh (1993) presented their model of a five-stage process for change.

 **Handout/Overhead 27-28: Building a New System: A Five-Stage Process for Change** (Source: Melaville, Blank, & Asayesh, 1993.)

- Stage 1: Getting Together
- Stage 2: Building Trust
- Stage 3: Developing a Strategic Plan
- Stage 4: Taking Action
- Stage 5: Going to Scale

Review with students the five-stage process and the various milestones that lead to significant change in service delivery systems. The discussion could easily incorporate the four stages of collaboration building presented above, which may help students to integrate new knowledge.

 **Class Exercise 14: Assignment**

Divide students into groups of 4-5 students. Have them develop a typology of specific activities in which they would engage in order to help a community of agencies build a collaborative and move forward with system change. Students could develop their own stage process tools to present back to the larger group.

***Collaborations and Sustaining Activities***

Collaborations cannot only bring about system change, but they also have the

capacity to develop sustaining activities. These activities can continue working long after the collaborations themselves have terminated or transformed into other organizational entities.

In order to move forward with system change and the accompanying sustaining activities, consensus among all collaborative participants on the following factors is critical:

- Goals
- Objectives
- Strategies
- Implementation plans
- Resource development
- Presence of a sustaining environment



### **Handout/Overhead 29: The Four Levels of Collaborative Capacity**

(Melaville, Blank, & Asayesh, 1993)



### **Class Exercise 15: Discussion of COLLABORATION Spell-out**

(O'Donnell, 1993)

Review and discuss the alphabet spell-out of COLLABORATION (included in Supplemental Materials volume). Have students identify any of the skills or concepts in which they feel more training and information are needed. Then, help students identify appropriate references from the bibliography for their further study.

## **COLLABORATION: SEVEN KEYS TO SUCCESS**

Collaborations provide opportunities to rethink concepts of organization and inter-relationships, and can help respond to the growing needs of the members, particularly in the face of scarce resources. The National Assembly of National Voluntary Health and Social Welfare Organizations (1991; pp. 5-7) outlines seven key considerations for successful collaboration:

## 1. Shared Vision

Collaboration means that participants are willing to act together to meet a mutually identified need and that participants believe the collaboration is useful. Developing a shared vision starts with understanding different agendas, coming to consensus around the definition of the need or problem, and developing a mission statement that will guide decision making activities.

## 2. Skilled Leadership

Good collaboration leaders may possess the following characteristics:

- Ability to guide the group toward the collaboration's goals, while seeking to include and explore all points of view;
- Comfort with consensus building and small group process;
- Respect in the community and knowledge about the issues the collaboration will address;
- Skill to negotiate turf issues;
- Belief in the process of collaboration;
- Knowledge about the community and organizations within the community;
- Skill and persuasiveness in oral and written communication; and
- Time to commit to leadership.

## 3. Process Orientation

The process of collaboration itself is a positive end result, as are the results and outcomes of the collaborative activities. Always include *all* participants in the shared decision-making of the collaboration—give minority opinions a full hearing. When conflict occurs (which it inevitably will), manage it with sensitivity and then channel it into useful solutions.

## 4. Cultural Diversity

One benefit of including all participants in the collaborative planning and decision

making processes is that the collaboration is enriched by the diversity of its members. Collaborations provide the “common ground” for individuals from different cultures and backgrounds to examine their own assumptions about other cultures and act to correct misunderstandings. Learn about, understand, and respect the differences in your collaboration membership.

## **5. Membership-Driven Agenda**

All participants need to contribute resources to the combined effort. These resources may be time, space, contacts, in-kind contributions, or financial resources—all of which are equally important and valuable. Be careful to avoid a practice in which contributors who supply greater amounts of resources accrue a disproportionately greater amount of power and influence. Evaluate the effectiveness of the collaboration on a regular basis. Be sure you are continuing to meet the needs of your members.

## **6. Multiple Sectors**

Successful collaborations recruit membership from multiple segments of the community in an attempt to involve individuals from all constituency groups that share the mission of the collaboration.

## **7. Accountability**

Collaborations exist in order to achieve specific results and outcomes that grow out of the shared mission of the membership. Evaluation of the collaboration efforts should be a high-priority objective from the beginning of the effort. Evaluate the collaboration’s activities, goals, objectives, and outcomes regularly so that mid-point adjustments and modifications can be made. Attention to accountability keeps the collaboration on a stable path and helps to set realistic expectations for results and outcomes.

### **Handouts/Overheads**

The remaining handouts/overheads can be found in the Supplemental Materials volume.

- 29. The Four Levels of Collaborative Capacity
- 30-32. COLLABORATION Spell-Out

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