

An Intervention Framework for Collaboration

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ABSTRACT

This paper provides an intervention framework for collaboration to improve services. When collaboration is an intervention, its development and effectiveness depend on intervention logic. Intervention logic requires a precise conceptualization of collaboration. This conceptualization emphasizes its vital and unique components. It includes a developmental progression in which collaboration is contrasted with companion concepts. It also includes progress benchmarks, outcome measures, and logic models. These models depict relations among the benchmarks and outcomes, and they identify the mediating and moderating variables that account for collaboration's development and effectiveness. These models are designed to improve planning, evaluation, and their relations. This intervention framework for collaboration contrasts sharply with other conceptualizations and strategies. Although its aim is to unify and improve collaboration policy and practice, its inherent selectivity is an obvious limitation.

A growing number of specialized human service professionals and their organizations are changing their relations with each other. These new relations are focused on a variety of new linkages, interchanges, transactions, and exchanges, and they share common features. For example, all tend to be lumped together as "a collaborative approach." And all derive from a dual awareness. Stand-alone professionals and agencies are ill equipped to meet co-occurring and interlocking human needs, and these professionals and agencies fundamentally depend on each other to achieve results.

Reflecting these new relations, terms such as *interprofessional collaboration*, *interorganizational collaboration*, *family centered*, *collaboration*, *community collaboration*, and *service integration*, enjoy increasing popularity among planners, policy makers, and practitioners. Furthermore, a growing number of researchers are studying collaboration,

integrated services, or some combination (Lawson, 2004; Bronstein, 2002; Gil de Gibaja, 2001; Hassett & Austin, 1997). At the same time, college and university courses focused on collaboration, integrated services, and coordinated services appear to be increasing.

In brief, multiple changes are underway in diverse parts of the United States and elsewhere in the world. Where social and health service professionals and their agencies are concerned, an overarching goal drives these diverse efforts. The goal is to improve service access, quality, efficiency, and effectiveness in order to improve results. As pressures mount for outcomes accountability, changes aimed at improved services and results may escalate.

The fact remains, however, that change is not the same as improvement, and neither change nor improvement automatically yields better results. In fact, pervasive change may result in inefficiencies, create performance gaps, and yield

undesirable and harmful side effects (Knight, 2002; Larsson, Bengtsson, Henriksson, & Sparks, 1998). Professional and organizational problems like these are most likely to develop when change proceeds without precise conceptualizations and logic models that draw on research evidence.

These bold claims are relevant to new “collaborative approaches and relationships.” Without explicit, testable agreements about what collaboration entails, policy makers, administrators, practitioners, evaluators, and researchers alike are unable to address fundamental questions. How would you know collaboration if you saw it? What are its key components? What are its unique requirements and contingencies? What are its progress indicators and developmental markers?

In brief, when imprecision and confusion operate, nearly “anything goes” under the rubric of collaboration. Error systems develop under these circumstances, and these systems signal changes that are not synonymous with genuine improvement and better results. Thus, there is an urgent need for more precise conceptualizations of collaboration, including operational definitions and developmental trajectories or pathways that identify and describe collaboration’s development and effectiveness.

The ensuing analysis of collaboration has been developed in response to the needs and problems stemming from the current conceptual ambiguity and imprecision. In this analysis, collaboration is an intervention, and intervention logic is employed in its analysis. This logic requires a precise conceptualization of collaboration, including its key requirements and contingencies. The analysis is structured to yield an analytical, action-oriented template, the aim for which is to improve planning, policy, practice, and research.

The developmental phases that lead to collaboration are featured in this intervention framework. These phases begin with the basic process of communication and end with collaboration. Collaboration marks the end of this developmental continuum because it enjoys the most complexity. Its complexity, among other features, makes it costly and even inefficient. Because collaboration is complex, costly, and inefficient, it is critical that professionals understand its contingencies, warrants, and requirements. More specifically, collaboration, the intervention, must be fitted to the theory of the problem. In other words, collaboration is not a panacea. It’s tailor-made for some needs and problems, but it’s a costly and inefficient solution for others.

Once correspondence between collaboration, the intervention, and the theory of the problem has been ensured, other complexities must be addressed. Logic models, including mediating and moderating variables, are among the benefits provided by intervention logic. These models are provided later in the analysis—after collaboration has been conceptualized more precisely and operationalized as a special intervention.

An Intervention-Oriented Conceptualization of Collaboration

Three sections structure this part of the analysis. In the first, collaboration is defined. Then the varieties of collaboration are sketched briefly. Then the analysis turns to the development of collaboration, including its relations with companion concepts.

A Precise Conceptualization of Collaboration

Collaboration is a form of collective action. It involves two or more entities called stakeholders because they have a stake in mobilizing and developing capacities for collective action. They decide to work together in response to special interdependent needs and complex problems. They collaborate because no single stakeholder can achieve its missions and goals, improve results, and realize desired benefits without the contributions of the other stakeholders.

Specifically, collaboration is evident when autonomous, interdependent stakeholders with their respective competency domains are able to organize and mobilize to pursue and obtain the results and benefits comprising the common agenda they develop (Lawson, 2004). They must meet the following criteria:

- Develop equitable relations amid differences in their power and authority
- Negotiate their differences and resolve their conflicts
- Reinforce awareness that they fundamentally depend on each other
- Identify shared interests, responsibilities, and action-oriented theories
- Promote norms of reciprocity and trust
- Reconfigure and realign rules, roles, boundaries, governance systems, and jurisdictions
- Develop shared language
- Promote a collective identity
- Share resources
- Take into account salient features of the local context
- Pursue opportunities to develop joint accountability for results

Taken together, these defining features indicate that collaboration entails pervasive institutional change. For example, when proposals for collaboration are combined with proposals for integrated services, they fundamentally alter relations among people, professions, organizations, and societal sectors (e.g., the education sector, the health sector). More specifically, collaboration and its frequent companion concept, integrated services, entail genuine changes in roles, rules, responsibilities and accountabilities, boundaries and jurisdictions, language systems (discourses), power relations, and both socialization and attribution mechanisms. Viewed in this institutional perspective, collaboration is not merely a new, rather simple technology for organizing work and mobilizing workers.

To reiterate, in collaboration, stakeholders are truly interdependent; they cannot achieve the results they want and need without the contributions of the others. Therefore, it is in their enlightened self-interest to collaborate, and many different kinds of stakeholders are developing different kinds of collaboration to promote their self interests as they seek to improve results.

**Different Kinds of Collaboration:
The Need for a Generic Template**

Collaboration’s complexity is evident in the multiple forms it may assume. While a complete inventory cannot be provided in this analysis, suffice it to state that at least 12 different kinds of collaboration are evident in the United States and elsewhere in the world (Lawson, 2004). For facility of analysis, these different kinds can be categorized according to the composition of the stakeholders comprising them. The dominant category is restricted to professionals, their organizations, and policy systems. Examples include interprofessional collaboration and interorganizational collaboration.

The emergent and rapidly growing category expands participation to include nonprofessionals, especially service recipients (e.g., consumers and clients). Examples include family-centered collaboration, youth-centered collaboration, and elder-centered collaboration. These kinds of collaboration prioritize the expertise of persons other than professionals, and they are designed to facilitate culturally responsive and culturally competent services, structures, and practices.

Interprofessional, or interdisciplinary, collaboration is two or more people from different professions working together to improve services to consumers. The theoretical underpinnings are from systems and ecological social work perspectives, the functional school, and group dynamics theories (Abramson & Rosenthal, 1995). Collaborating professionals share missions, goals, and objectives. For example, inpatient psychiatric interdisciplinary teams typically consist of a psychiatrist, a psychologist, a social worker, nurses, an occupational therapist, a recreational therapist, and occasionally a dietician. The team members perform patient assessments on the basis of individual professional perspectives. They then merge their professional perspectives into a shared definition of the patient’s problem and develop an agreed-upon treatment plan. Interdisciplinary collaborators are able to accomplish their goals by developing a shared language and problem-solving protocols. They also learn to share resources, supports, governance structures, and ethical imperatives (Lawson & Sailor, 2000).

Unless these issues are brought to light and key intermediaries are designated who mediate and moderate issues of trust, sharing, and conflict of interest, the collaboration effort will be hindered or fail.

Community collaboration involves all stakeholders committed to improving the well being of community residents; including residents, institutions and organizations providing services and resources to the community. It is grounded in theories of community organization, participatory and advocacy models, and community economic development (DePoy, Hartman, & Haslett, 1999; Sarri & Sarri, 1992; Tropman, Erlich, & Rothman, 2001). Collaboration efforts range from specific initiatives to ongoing activities. For example, a community that initiated Neighborhood Watch due to concerns about increasing crime expands its aims to a broad collaboration initiative of creating a safe and secure community for its citizens, businesses, and community institutions. Thus multiple stakeholders become actively engaged in a wide range of safety awareness, education, prevention, and intervention and treatment activities.

Interorganizational, or interagency, collaboration occurs when two or more independent organizations, usually with different missions, develop formal agreements for working together toward a common purpose or goal. Theoretical foundations are derived from network theory, exchange theory (Abramson & Rosenthal, 1995), and organizational culture theory (Czarniawska-Joerges, 1992). Current issues of interorganizational collaboration are focused on models for managing collaboration. These range from importance of trust (Gulati, 1995), strategies for cooperation (Ulrich, 1983), managing diversity (Buono & Bowditch, 1989), and conflict resolution (Gardner & Cary, 1999). However, researchers do not unanimously agree on the classification of interorganizational

collaboration (Child & Faulkner, 1998). In general, classifications are based on the scope of the alliance, the legal form of the alliance, or the number of partners operating within the alliance. The scope can range from an alliance where a few partners’ activities are limited to a narrow initiative with verbal agreements; to multiple collaborators, utilizing a new entity that is separately governed, for committing large portions of their operations and resources to a wide range of activities. For example, a complex collaboration would involve nine organizations that offer varying services create a new organization, while maintaining their separate identities, for the purpose of procuring and servicing Medicaid managed care mental health contracts from state government.

Essentially, we position collaboration as having a focused objective in which the relationship among multiple collaborators is complex and involves many aspects of their operations; ultimately it includes a legally separate entity.

Positioning collaboration in this approach is the model's strength as well as its limitation. We propose that the model is a generic template applicable as an evaluation tool that can also be utilized as a "road map" for developing the three types of collaboration efforts described above: interprofessional, interorganizational, and community collaborations. The model's limitation is that practitioners and researchers must accept our premise that collaboration involves multiple participants who are committing substantial resources to a separately governed entity for a clear and coherent purpose. Participants operating at any other activity level are involved in varying types of alliances that may or may not eventually result in collaboration.

Collaboration as a Developmental Progression

This intervention-oriented approach to collaboration is enhanced by a developmental progression, one that includes its relations with the family of "c-words" typically used in conjunction with it and social and health services. These other c-words include communicating, connecting, cooperating, coordinating and consulting, co-locating, community (building), and contracting. They appear routinely in grant announcements, policy mandates, marketing and promotional materials, and in everyday speech. Table 1 provides capsule definitions. Each c-word is a defining feature of collaboration. Precisely defining collaboration and its related family of c-words is an initial step that allows practitioners, researchers, and policy makers to tap its enormous potential.

This progression suggests a system of relations among the respective phases comprising collaboration (see Figure 1).

Each phase is increasingly complex. Prior to collaboration, stakeholders remain separate, maintaining minimal risk and expenditures. Their activities entail identifying goals, establishing initial roles, conferring with each other and experts, and engaging in consensus building activities that lead to increasing trust in one another.

As the progression toward collaboration continues, stakeholders begin more complex activities of coordinating resources to meet joint endeavors. In the later developmental phases, complex organizational structures materialize in terms of formalized leadership and new organizational structure, shared liability and costs, and collective identity.

Collaboration is often difficult to prescribe and control. Sometimes it is a linear process, involving sequential steps, some of which may be prescribed and mandated. However, it is something more than the sum of these other c-words, and it will not evolve automatically from the developmental progression they comprise (Lawson, 2004). And while linear planning frameworks may be useful, it is also the case that collaboration usually develops in nonlinear, interactive phases.

Conflict and Consensus as Moderating and Mediating Variables

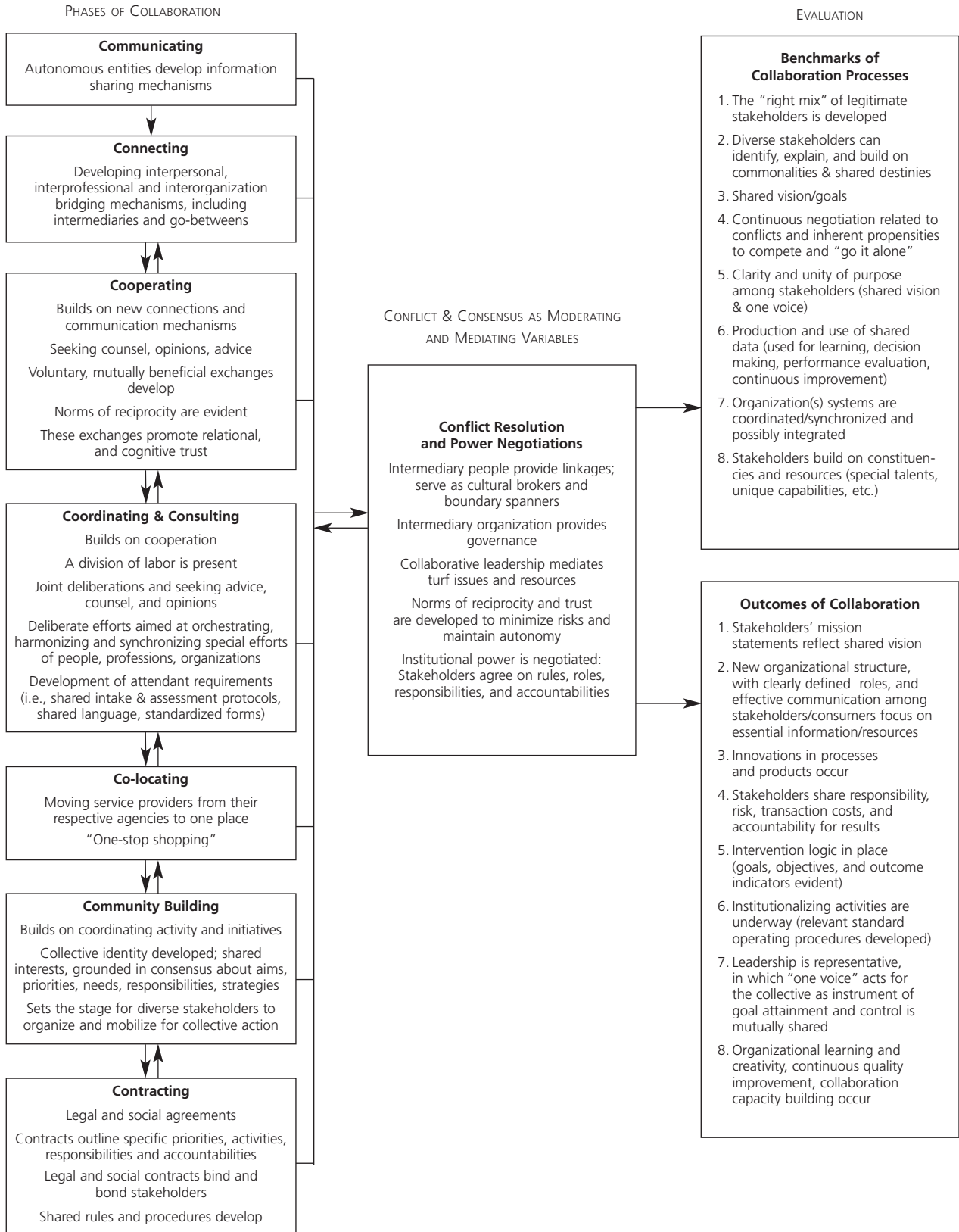
Conflict during collaboration is a natural and expected phenomenon. It acts as a moderating and mediating variable

that may impede or advance the process of collaboration. Moderating variables influence the strength of a relationship between the independent and dependent variables. Thus if the level of the moderator changes, the strength of relationship between the two variables becomes stronger or weaker (Kumar & van Dissel, 1996; Keashly, Fisher & Grant, 1993).

TABLE 1. Companion "C-Words" for Collaboration

<i>Communicating</i>	Entails developing formal and informal structures, technologies, and processes for sharing information with external constituencies (e.g., potential partners).
<i>Connecting</i>	Entails the development of formal bridging and linking structures, technologies, and processes, including the designation of linkage agents who serve as bridge-builders, boundary crossers, and go-betweens.
<i>Cooperating</i>	Involves individuals and groups who agree to cross jurisdictional boundaries in order to respond to each others' requests, oftentimes relying on new <i>connections</i> and <i>communications mechanisms</i> .
<i>Voluntary cooperation</i>	merely requires the stamp of organizational approval.
<i>Involuntary cooperation</i>	is driven by organizational and policy mandates, and it usually necessitates compliance, enforcement, and sanctioning systems.
<i>Consulting</i>	When individuals and groups are involved, it entails voluntary exchanges of information involving expert assistance and informal counsel. When organizations are involved, this often means gaining approval (e.g., getting the "go ahead" and receiving endorsements), also signaling overlapping interests, dependent relations, the quest for legitimacy, and risk-reduction strategies.
<i>Coordinating</i>	Involves groups (teams) and organizations that rely on, or develop, a division of labor as well as joint decision-making procedures. Interorganizational alignment mechanisms must be developed for orchestrating, synchronizing, and harmonizing specialized efforts (e.g., shared intake forms, shared assessment procedures), thereby increasing transaction costs. Norms of reciprocity, interpersonal trust, and shared language may develop.
<i>Co-locating</i>	Moving people to the same place and perhaps designating and creating a "host organization" to enable face-to-face communication, improve coordination, and facilitate community building. Where social and health service providers are involved, agencies may "loan" staff to enable integrated services and so-called "one-stop shopping."
<i>Community building</i>	Entails social integration mechanisms aimed at <i>interdependent relations</i> (e.g., awareness of identical needs, mutual interests, and common goals). It requires norms of reciprocity, social trust, and supportive settings for interactions. It results in a collective identity, consensus, and the capacity for collective action.
<i>Contracting</i>	Involves the development of formal, legal agreements; these designate mutual obligations and responsibilities, performance expectations and requirements, resource flows, operating rules, procedures for seeking redress, and both criteria and processes for terminating the relationship.

FIGURE 1. A Framework for planning and evaluating.



Mediating variables account for the effect between a predictor variable and the dependent variable. Thus, without the mediator, there will be no impact.

For example, a number of agencies have joined together in collaboration to secure state and managed care contracts as providers of mental health services. Each agency already provides services for this population, and they have joined together to ensure their mutual survival in a competitive marketplace. However, they are historical competitors and have never shared financial and admission data. Each agency fears that the other will use this privileged data to secretly bid for contracts at an even more competitive rate. Unless these issues are brought to light and key intermediaries are designated who mediate and moderate issues of trust, sharing, and conflict of interest, the collaboration effort will be hindered or fail.

Finding consensus and resolving conflict requires sensitivity to political and cultural aspects of the organizations involved. It is essential that issues of power and control are prioritized and specified. Conflict resolution, as a variable in collaboration, is dependent on intermediary people and, in many cases, intermediary organizations, which also provide interorganizational governance. An independent intermediary organization providing governance for the entire collaboration entities is needed to ensure equitable and autonomous working relationships. Such a structure will be charged with providing leadership across the collaboration effort, including mediating turf issues and resources. And, in order for collaboration efforts to function, individuals must build and operate with trust, which is built through activities in which individuals reveal information about agency strengths, weaknesses, resources, and constraints. This is not easily achieved and calls for people who can provide linkages between organizations. These cultural brokers and boundary spanners act to help build norms of reciprocity and trust that minimize risks and maintain autonomy. Efforts can stall or even fail unless individuals and oftentimes mediating organizations perform these functions.

When conflict is managed effectively and viewed as an asset, it can provide impetus for innovations. Returning to the managed care example, a separate governance system is formed where stakeholders share responsibility, but hire a chief operating officer (COO) to provide leadership and structure to the collaboration. The COO convenes meetings, conducts negotiations, and coordinates contract agreements. He or she works closely with each collaborating agency's administrator to sort through sensitive issues related to information sharing, contract negotiations, finances, and resource sharing. In addition, the COO identifies key individuals in each agency who hold positions of authority and enjoy respect from colleagues. These intermediaries are able to cross departmental and organizational boundaries, link people, and help to identify and resolve past and present conflicts and grudges. It is important that they enjoy the trust of administrators, because they need the administrator's authority to act. Intermediaries are often

paired-counterparts from key departments in each agency, and may include program directors, clinical directors, and so on. They work with the COO to implement negotiated contracts within and across each agency. Thus they are involved in ongoing meetings dedicated to solving operational and program problems within their own organization, as well as those existing across all organizations. These meetings, in turn, identify necessary agency changes and improvements, as well as those the collaboration must undertake. The intermediaries act to feed problem-specific information back and advance problem-solving activities within each agency. The COO acts to feed information back, facilitate cooperation, and solve collaboration specific issues with stakeholders. Such activities lead to innovations as agency and collaboration personnel improve operational and programming issues occurring within agencies and across the collaboration.

Evaluating Collaboration

Evaluation measurements serve multiple purposes. Intermediary evaluation measures, or progress benchmarks, provide results that allow stakeholders to ascertain their progress in objective terms. Outcome evaluation measurements demonstrate the level of effectiveness of the collaboration effort in meeting its objectives. Evaluation measures also serve as a planning model. Practitioners and researchers are able to identify potential developmental phases of the framework and then match tasks that will optimize the collaboration process and outcome.

Process Benchmarks

The framework offers measures for both the process and the effectiveness of collaboration. The process of collaboration can be evaluated by measuring intermediary results, or benchmarks that gauge the course of the collaboration. Process evaluation assesses the intervention logic for the developing collaboration. It is intended to insure that the collaboration development is adopted and implemented well, increasing the likelihood of producing the desired results (Rossi, 1997). Process evaluation makes insight into the strengths and weaknesses of the collaboration efforts possible and identifies the technical and management assistance necessary to achieve defined goals (as illustrated in Table 2).

The framework identifies eight benchmarks and related tasks during collaboration processes. Developing the "right mix" of legitimate stakeholders is the first and foremost benchmark. A delicate balance is involved here. To achieve this delicate balance, one must perform needs assessments and asset mapping to identify the most likely collaborators. Through a process of discussion, expressing concerns, and self-selection, conveners are able to describe, explain, and build on their commonalities and shared destinies. This requires the understanding and acknowledgement that they depend on each other for success. A conscious effort to

TABLE 2. *Evaluating Collaboration: Process Benchmarks*

TASKS	BENCHMARK
Plan and asset map; need assessment	The “right mix” of legitimate stakeholders is developed
Conveners and attendance drop-out	Diverse stakeholders can describe, explain, and build on commonalities and shared destinies. Stakeholders depend on each other and individual stakeholders can’t get results without the others.
Shared language	Shared vision/goals, and objectives
Conflict resolution processes, norms, linkage agents	Continuous negotiation related to conflicts and inherent propensities to compete and “go it alone”
New governance system	Clarity and unity of purpose among stakeholders (shared vision and one voice)
New information management and decision making system	Production and use of shared data (used for learning, decision making, performance evaluation, continuous improvement)
Linkage agents, communications systems, interorganizational management teams	Organization(s) systems are coordinated/synchronized and possibly integrated
Coherent plan/design for assigning lead responsibility and accountability	Stakeholders build on competencies and resources (special talents, unique capabilities, etc.)

create a shared language is an important task that allows stakeholders to express and share in a common language for describing, implementing, and evaluating a collective vision and objectives.

Although mediation and conflict resolution are a continuous process throughout collaboration, stakeholders consistently face the inherent propensity to compete, in part because policy environments promote independent, stand-alone operations. Dedicating staff that link processes, relate norms, articulate commonalities, and interpret differences can act as a countervailing force to inclinations to “go it alone.”

The development of a new governance system is a benchmark that indicates that clarity and unity of purpose has emerged from self-interests among individual stakeholder. This occurs as stakeholders engage in collective agreements and formulate representative management structures. Creating newly expanded management and decision-making systems supports jointly producing and sharing data, for decision-making, performance evaluation, and continuous improvement. These tasks are situated within management systems and require support to function adequately and provide essential information advancing collaboration. Creating new information and decision-making management systems ensures efficiency, collaboration-focused decision making and the continuous monitoring of collaboration efforts.

The next task is establishing interorganizational management teams. These teams require dedicated staff and intra- and interorganizational communication systems. The existence of these teams is a benchmark of the capability for long-term projects in which collaboration operational systems are coordinated and synchronized.

The ability of stakeholders to build on their special talents and unique capabilities indicates resource development. The tasks involved in reaching this benchmark include developing coherent plans, assigning lead responsibility, and specifying accountability.

Evaluating Collaboration: Outcomes

Collaboration outcomes are achievable results generated by the activities, processes, and agreements of stakeholders occurring during the developmental phase. Measures for evaluating the overall collaboration effort are specified in this framework (illustrated in Table 3).

They determine the basic data to be collected in order to establish whether collaboration has been successful. Outcome measures here should not be confused with goals established within individual stakeholders’ organizations related to developmental phases. Collaboration outcome measures the extent to which the overall collaboration has been achieved.

The framework identifies eight outcomes and related measures for evaluating genuine collaboration. The initial outcome is the development of a specialized mission statement reflecting a shared vision. This indicates that consensus among stakeholders is achieved. The next outcome is the formation of a new organizational structure measured by the implementation of formal management teams and a management information system. Stakeholders develop equitable relations, in which they resolve their conflicts and engage in effective communication. In addition, stakeholders and consumers maintain effective communication focusing on essential information and resources. This outcome is measured by the content of formal documents, for

TABLE 3. *Evaluating Collaboration: Outcomes*

MEASURES	OUTCOME
<ul style="list-style-type: none"> • Mission statement for collaboration is developed. 	Stakeholders' mission statements reflect shared vision.
<ul style="list-style-type: none"> • Formal management teams. • Management Information System. • Formal documents e.g., bylaws, job descriptions, meeting minutes, memorandums, etc. 	New organizational structure, with clearly defined roles, and effective communication among stakeholders and consumers focused on essential information/resources.
<ul style="list-style-type: none"> • Innovations in work tasks, services, interventions, or new technologies. <p>Innovations in processes and products occur.</p>	Innovations in processes and products occur.
<ul style="list-style-type: none"> • Legal documents e.g., contracts, insurance, annual audits. • Transaction costs of collaboration are allocated and jointly shared, including financial resources, staff time, space, etc. • Formal programs are in place e.g., strategic planning, quality improvement programs, and capacity building activities. • Results-oriented accountability is in place. 	Stakeholders share responsibility, risk, transaction costs, and accountability for results.
<ul style="list-style-type: none"> • Organized activities and decision making lead to clearly stated goals, objectives, and performance indicators for collaboration efforts. • Interventions and actions are evidence-based, technically sound, and best practices. 	Intervention logic in place (goals, objectives, and outcome indicators evident).
<ul style="list-style-type: none"> • Long-term, ongoing projects that generate formal tasks are in place. • Relevant policies and procedures are in place. • Organizational horizontal and vertical alignments are made. • New roles that are relevant, transparent, and formalized with articulated job descriptions. 	Institutionalizing activities are underway (relevant standard operating procedures developed).
<ul style="list-style-type: none"> • Leadership is representative which acts for the collective in negotiations and contracting. • Advocacy, lobby, and recognition opportunities occur. 	Leadership is representative, in which "one voice" acts for the collective as instrument of goal attainment and control is mutually shared.
<ul style="list-style-type: none"> • Continuous quality improvement systems are in place. • Collaboration capacity building occurs. 	Organizational learning and creativity are evident.

instance, bylaws, meeting minutes, focus groups, management reports, and so on.

An important outcome is the sharing of responsibilities, risks and transaction costs, and accountability for the collaboration effort results. Stakeholders reinforce awareness that they fundamentally depend on each other and mutually share in the control, risk, and leadership without impeding collaboration accomplishments. Shared responsibilities and the pooling of resources produce long-term projects generating formal tasks such as strategic plans, quality improvement programs, and capacity-building activities. Measures include legal documents, such as contracts for service provision and insurance indicating a sharing of responsibilities; documents indicating shared allocation of resources (finances, staff, space, etc); performance-based indicators; and the presence of formal programs such as strategic planning, continuous quality improvement, and capacity building activities.

Innovations in processes and products consist of reconfigured and realigned leadership, roles, boundaries, gover-

nance systems, and jurisdictions. These innovations change the dynamics of performing work, as measured by improvements in work tasks, services, interventions, and/or new technologies.

Because collaboration is a highly contingent phenomenon expected to generate innovation, it is especially important that intervention logic is instituted. Measures of intervention logic include organized activities and decision making that leads to clearly stated goals, objectives, and performance indicators for collaboration efforts. Stakeholders using best practices and evidence-based interventions are additional measures of intervention logic being in place.

In order to sustain new management structures and innovations, institutionalizing activities must occur. Institutionalizing entails changing rules, roles, and norms and alters standard operating procedures. None of this happens naturally, or by accident.

Vertical and horizontal alignments of individuals and organizational mechanisms must be made, creating a foundation for sustaining organizational predictability, smooth

interactions among stakeholders, and effective and efficient communication. Vertical alignment focuses on people, practices, and policies in the same system; it entails getting everyone and everything “on the same page.” Horizontal alignments focus on intersystem and interprofessional relations; they entail governance, resource allocation, and management systems.

Institutionalizing activities are aimed at sticking power and staying power—in other words, centrality and sustainability. Institutionalization can be measured by the presence of long-term, ongoing projects that generate formal tasks, relevant policies and procedures, and new roles, which are developed using transparent with formalized job descriptions. Institutionalization also is evident when the core missions and technologies of the organization and the profession include collaboration. (In contrast, institutionalization is incomplete when collaboration remains a special project that operates at the margins of the organization.)

A representative leadership embodying collective identity and acting as an instrument of goal attainment is a significant outcome. Collective identity advances the collaboration mission. This is achieved by promoting reciprocity and trust among stakeholders, which develops shared discourse and identity. Once a shared identity is achieved, stakeholders are capable of mutual control and are prepared to appoint leaders to represent their interests. Measurements include leadership acting on behalf of the collective, such as conducting negotiations and entering into contracts. Additional measures include leadership engaging in advocacy, making efforts to gain power, and providing opportunities to stakeholders for increased recognition and fiscal support.

Organizational learning and creativity are continuous and measured by quality improvement and collaboration capacity building activities. Organizational learning is comprised of systems thinking, leadership and personal mastery, mental models that enhance inquiry and communication, building shared vision, and team learning (Preskill & Torres, 1999). When stakeholders enter into organizational learning, they are equipped with a technology for improving interactions and creative problem solving. Systems for feedback, such as integrated management information systems and team learning, promote insights not attainable individually, encourage experimentation to identify innovations, and expand the scope of the collaboration effort.

Utilizing the Framework for Planning

Collaboration is a highly contingent, operationally complex, and often ambiguous and uncertain phenomenon. The intervention framework offered here can be used as a planning template; it can diminish ambiguity and uncertainty. Stakeholders realize greater predictability once they identify the developmental phase in which they are situated—or desire. They are then able to use the framework as a “road map” to identify the related tasks, processes and

outcomes required of them to successfully support the collaboration effort. The framework facilitates the developmental trajectory by which an initiative advances toward collaboration. Goals and tasks can then be subjected to modification based upon analysis and feedback.

For example, consider the orientations of stakeholders during the coordinating phase. Their ability to appropriately and effortlessly describe each others’ programs and refer clients, is one benchmark of this phase. However, they have not co-located services, developed a collective identity, or entered into formal contracts with each other. They are able to recognize that they are in the coordination phase and can predict the next developmental phases and related activities for initiating co-locating, community building, and contracting.

Finely distinguishing the essential tasks required for successful collaboration enhances stakeholders’ ability to strategically plan for contingencies and resources. For instance, stakeholders may identify that they are in the community-building phase but are not producing and sharing data. Producing and sharing data can occur at any phase. However, it must occur before genuine collaboration can be achieved. Planning for this process benchmark and related tasks would then become an important part of the collaboration strategic plan.

This framework assists stakeholders in planning for organizational change related to collaboration. A stakeholder is able to identify the developmental phases and related tasks that will impact his or her agency. The organization and key staff can then be assessed for their readiness to make necessary changes to bring about successful collaboration. For example, a stakeholder identifies that the collaboration effort is in the coordinating phase and his or her agency’s role will include client assessment. Therefore, the intake department will feel the greatest impact. Its staff will be required to synchronize protocols, standardize forms, and develop referral systems with the other collaborators. A prudent administrator will assess his or her organization, and in this case, the intake department for openness to change. The assessment for change would include the cost of the change (including staff training and meetings), factors that could act as resistance or promote the change, and identify individuals who act as barriers to change or those who advance the change. The organization can thus track its own change processes while simultaneously strategizing with participating stakeholders, thereby better managing the whole collaboration effort.

Conclusion

The ambiguity and imprecision inherent in approaches loosely characterized as “collaborative” plague planning, policy, practice, and research. Paralleling the ascent of evidence-based policy and practice, it is timely to enhance collaboration with intervention logic. Intervention logic promises to reduce conceptual confusion and strengthen

collaboration as a special intervention. This intervention-oriented approach is predicated on a precise, albeit selective, view of collaboration, one that is tailored to special needs and problems. This view of collaboration also proceeds on the basis of distinctions and relationships involving companion *c*-words. It indicates what collaboration is and how it develops, and it also indicates what it is not. To return to question raised at the beginning of this analysis, this intervention framework provides an operational response to an important question. It enables professionals to “know collaboration when they see it and are doing it.”

In this framework, collaboration is not a panacea. It is a highly contingent phenomenon; to be effective, it must correspond to the problem to be solved, the need to be met, the aspiration to be achieved, or the opportunity to be maximized. This understanding is basic to intervention logic and to evidence-based practice. It is encompassed under “the theory of the problem” and its companion theory—the theory of intervention (Kellam, Koretz, & Moscicki, 1999).

Special, contingent relations involving scientific reasoning characterize collaboration’s intervention logic. To maximize the probability of solving this problem, the evidence recommends this intervention. In other words, “if this, then that” scientific, contingent reasoning comprises the core of intervention logic.

Thus, this analysis brings intervention logic to bear on collaboration with a precise conceptualization of collaboration, including its relations with the family of *c*-words. It allows collaboration to be evaluated in terms of effectiveness (*outcomes*) and process (*benchmarks*). It can also be utilized as a planning template, with phases denoting the developmental trajectory through which an initiative is moving. Finally, it can assist stakeholders’ to identify organizational change issues related to collaboration efforts. The framework also addresses stakeholder conflict, which acts as a moderating variable that may impede or advance the process of collaboration. Logic models that depict relations among these variables, benchmarks, and outcomes provide coherence and promise to improve planning and evaluation.

This framework’s emphasis on results and accountability is vital. In today’s climate, performance efficiency and effectiveness matter. So does accountability for results. Unfortunately, much of today’s collaboration is not result-oriented. Moreover, some stakeholders are not ready to be held accountable for their efficiency and effectiveness. For example, it is not unusual for some stakeholders to leave because they gain the impression that the initiative is all talk. They also leave because they perceive that their precious time is consumed by seemingly endless “getting to know you” and “preparing to collaborate” activities without taking concrete actions aimed a specific results and outcomes.

An intervention-oriented approach to collaboration prevents these problems. Huge, important issues loom in the background. For example, Knight (2000) identified the capacity to collaborate as an essential competence for organizational survival, and she identified learning and development for collaboration as vital. It requires a fundamentally different learning and improvement orientation because it challenges existing professional and organizational routines and operations (Simonin, 1997), necessitating vertical and horizontal alignments. For these within-systems and cross-system changes to be effective, new approaches to management are necessary. In brief, management in collaboration initiatives is critical to performance and outcomes. It is essential that the management team is competent in problem solving and adaptive learning that enhances benefits and minimizes unintended consequences (Child & Faulkner, 1998). Interorganizational sharing of information is also

critical for success. The ability to communicate effectively across departmental, organizational, and professional boundaries engenders mutual learning, teamwork, and trust.

Administrators and practitioners face growing requirements to address interdependent needs and problems. Conditions within which these problems exist are uncertain and ambiguous. Collaboration meets these increasing pressures as it enables interdependent stakeholders to employ a contingency-based

approach. In brief, collaboration-related knowledge and abilities are practical necessities. This intervention-oriented framework provides supports for competent and optimal practice, offering new knowledge and understanding about collaboration, its companion *c*-words, and the dynamics of systems change. Thus, this intervention-oriented framework acts as an enhancement for collaboration planning and implementation. Perhaps more important, it provides an intervention and evaluation template to monitor its progress, evaluate its effectiveness, and facilitate continuous improvement through process and performance feedback. These potential benefits may help excuse and justify the selectivity inherent in this intervention-oriented framework for collaboration.

The framework identifies eight outcomes and related measures for evaluating genuine collaboration.

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