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Collaboration: Definitions and Explorations of an Essential Partnership

By Mary Ann Kinsella-Meier and Nicholas M. Gala

In today's world collaborating is critical, and collaborations, while always essential, are not always easy. It may be important to focus on exactly what this term means. What we have found is that what is often labeled *collaboration* may instead be simply a partnership or one of several levels of a working relationship in which different parties invest different degrees of involvement and time (Montiel-Overall, 2005). This article discusses a variety of partnerships, each defined by a particular level of involvement; it notes the characteristics of collaborations and the process involved in maintaining these collaborations.

As partnering with others, as well as collaborating in the full sense of the word, is critical for the Clerc Center, this article discusses the nature of involvement when professionals from different organizations collaborate, each defined by a particular level of involvement; it notes the characteristics of collaborations and the process involved in maintaining those collaborations.

The level of involvement guides the type of partnership needed for a project. Level of involvement includes the amount of autonomy individual partners require, the amount of time they work together, and their degree of interdependency. When the variables of involvement and time are combined, partnerships form. A review of the literature suggests there are four levels of partnership, with specific characteristics associated with each level (Hailman & Soforenko, 2008; Montiel-Overall, 2005; Berrigan & Meynardie, 2013). (See Figure 1.) These levels are:

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1. COMMUNICATION—The most basic partnership forms when two or more individuals share information. This occurs during meetings and conferences. The work of each partner is independent and the partnership is brief.

2. COORDINATION—When individuals within two or more agencies communicate to share resources and coordinate work, often to avoid duplication, involvement deepens. This work requires more time than communication but commitments remain relatively short term.

3. COOPERATION—When individuals from multiple agencies communicate to support a

common goal and use this goal to coordinate and focus their work, coordination becomes cooperation. The goals may still be short term and individuals exercise some autonomy.

4. COLLABORATION—Interactions deepen and become more complex when individuals within two or more agencies communicate to achieve common goals that are interdependent, long term, and complex. These goals often involve the development of a new service or resource that pulls together expertise across agencies; this is when less elaborate partnerships become collaborations.

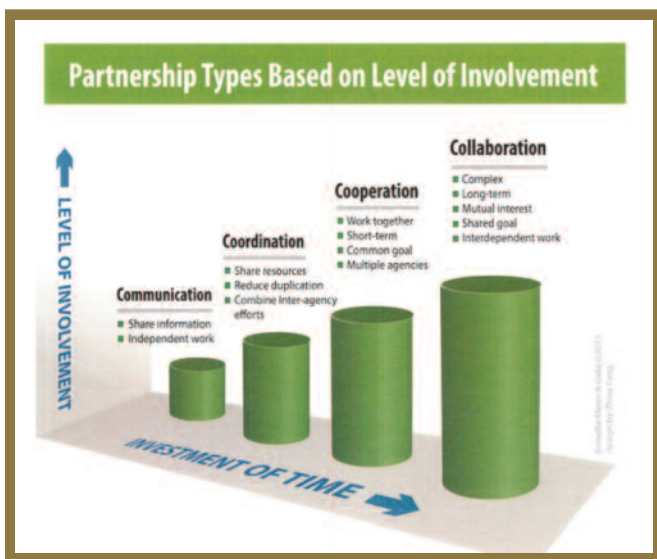


Figure 1: A visual representation of the four levels of partnership; each level requires increased involvement and investment of time.

Collaborations develop when two or more people work together on long-term projects to achieve complex goals. These people share responsibilities, work toward the same goal, and produce a sustainable, continuous outcome (Berrigan & Meynardie, 2013; Christakis & Bausch, 2006; Jones & Harris, 2014; Van den Bossche, Gijssels, Segers, & Kirschner, 2006).

Collaboration is so critical to the work at the Laurent Clerc National Deaf Education Center that our mission statement includes a reference to it:

The Clerc Center, a federally funded national deaf education center, ensures that the diverse population of deaf and hard of hearing students (birth through age 21) in the nation are educated and empowered and have the linguistic competence to maximize their potential as productive and contributing members of society. This is accomplished through early access to and acquisition of language, excellence in teaching, family involvement, research, identification and implementation of best practices, collaboration, and information sharing among schools and programs across the nation. (Laurent Clerc National Deaf Education Center, n.d.)

Why Collaborate?

Research suggests that collaborations facilitate overall agency performance and support those involved in tackling complex social issues. In addition,

collaboration encourages the establishment of long-term relationships through the opportunity for greater engagement among participants. Collaborations can result in greater innovation while conserving resources to reach shared goals (Woodland & Hutton, 2012).

Collaboration results in the ability to create something new and stronger than any individual or agency could accomplish alone or through a less complex form of partnership. It is anchored in a shared understanding of a target goal (Jones & Harris, 2014; Montiel-Overall, 2005). In turn, collaboration includes both shared processes and resources, which culminate in an opportunity for professional growth. Jones & Harris (2014) define *social capital* as the trust, understanding, and investment in shared values that result from mutual professional growth for those involved in a collaboration.

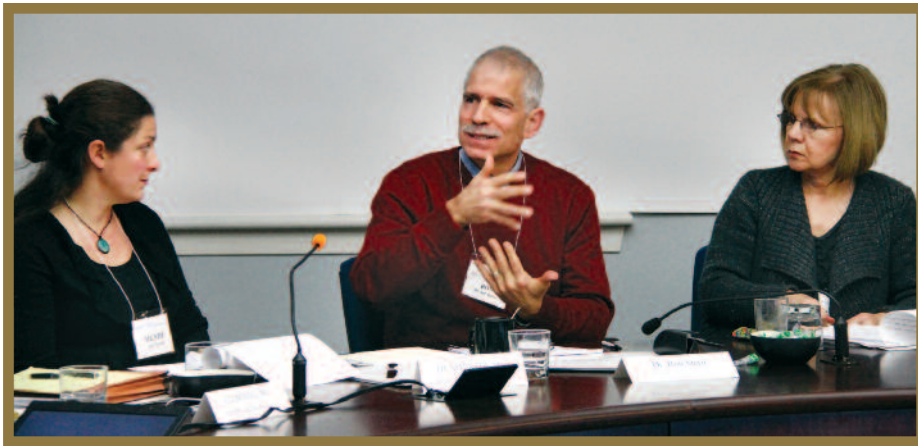
The Council of Administrators of Special Education (CASE), recognizing the value of collaboration, includes it as a key attribute for those who receive the Early Career Special Education Administrator Award. CASE suggests:

Always use a collaborative approach: Listen first. Empathize and seek to fully understand alternative opinions and perspectives, then partner in developing and agreeing on solutions. Find and work from common ground. Strive to clarify concerns and expectations; respect other people's differences and utilize each other's strengths and expertise; seek out alternative ideas or perspectives. Work together to find the best possible solution. (Council of Administrators of Special Education, n.d.)

The Collaborative Mindset

A collaborative mindset includes a willingness to discuss, compromise, and engage in a mutually dependent partnership for the purpose of accomplishing larger and more complex





Themes of Collaboration

Collaboration has common similarities and challenges. Those involved in collaborative work in business, education, or the health industries may be more successful if they recognize the underlying similarities across successful collaborations.

Similarities include that collaboration:

- is not spontaneous. It requires a thought-out plan, open communication, trust, mutual respect and equal partnership, no hierarchy, and continuous re-evaluation (San Martín-Rodríguez, Beaulieu, D'Amour, D., & Ferrada-Videla, 2005; Reback et al., 2002).
- works best when there is no obvious solution.
- requires creativity; thinking creatively needs to be encouraged.
- requires time; time needs to be devoted to the collaboration process.
- requires trust; an interpersonal process requires trust among partners.

goals. The underpinning of what constitutes a collaborative mindset is an understanding of the culture and the management for each of the individuals from the participating agencies (Balthazard, Cooke, & Potter, 2006). In order to build a collaborative mindset within the collaborating group, those involved must remember to diffuse any hierarchical behavior and support each group member. The comments and suggestions of parents and young adults are given the same consideration as the comments and suggestions of researchers and administrators; each member of the group is recognized as important for success.

Reback, Cohen, Freese, and Shoptaw (2002) call the processes that result from equal membership and involvement “non-hierarchical collaboration.” An example of this non-hierarchical collaboration starts with meetings to establish a clear understanding of the goal or mission of the work that needs to

be done by giving each party an equal say in his or her understanding of the goal. After establishing the role of each agency and individual in the collaborative undertaking, the number of meetings will decrease substantially in order to ensure autonomy and equality for those involved. This type of collaborative process occurs within and between agencies as well as at the individual, team, and organizational level.

Once a non-hierarchical structure is established and individual members feel equally secure

within the group, each member’s autonomy and involvement should be encouraged through feedback and involvement in planning and developing the project or product. Ultimately, the target outcomes of a non-hierarchical process ensure free-flowing communication and the sharing of information and progress of everyone involved.

Recognition of the achievements, products, and advancements toward goals occurs through the success of the collaboration and the achievement of goals.

It is critical to ensure participants in the collaborative effort develop a shared understanding of the goals and purposes of the collaboration as well as their own roles and responsibilities within the collaborating group. It is critical to spend time to establish a shared language, shared goals, shared processes, and shared expectations for outcomes (Woodland & Hutton, 2012). It is essential to frequently debrief following both successes and struggles throughout the collaborative work (Montiel-Overall, 2005).

In *How People Harness Their Collective Wisdom and Power to Construct the Future in Co-Laboratories of Democracy*, Christakis and Bausch (2006) outline a process designed to promote consensus building among participating stakeholders with

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different perspectives; this process is based on the following principles:

- identifying the group's purpose;
- adopting a conceptual action plan;
- developing teams to carry out the plan;
- developing bonds of respect, trust, and cooperation; and
- supporting autonomy and open discussion (each individual within the team should feel respected, included, and valued).

How to Identify and Maintain Successful Collaborations

Gratton and Erickson (2007) with Reback et al. (2002) identified six questions that should be addressed throughout the collaborative process:

1. Was there an equal partnership among the collaborators?
2. Was communication open and clear?
3. Was a common goal clearly defined and broken down to smaller parts?
4. Was open communication established between collaborators?
5. Was each member able to use the other's language and

knowledge effectively?

6. Were roles clearly identified and tasks and responsibilities stated?

Responding honestly to these questions provides feedback and allows review of the progress made at the agency level. This agency-level review reflects similar processes for each individual and team involved in the collaboration. Thus using these questions for feedback and review maintains the non-hierarchical collaboration and ensures overall progress toward accomplishing a goal that any one individual would not be able to accomplish alone.

Working together, whether in the classroom, with a team, in an office, or across agencies and institutions, is something individuals do every day. Working together involves various amounts of interdependency and various levels of partnerships. These interdependencies and partnerships provide value in achieving goals and advancing work. Collaboration, one of the most complex and intense forms of partnerships, is pursued daily at the Clerc Center. Working with individuals from other agencies and from other areas of the country, we are able to pursue and attain goals together that no agency could attain on its own.

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Clerc Center—

PURSUING SUCCESSFUL PARTNERSHIPS

By Mary Ann Kinsella-Meier and Nicholas M. Gala

The Clerc Center has pursued multiple partnerships with individuals, schools, organizations, agencies, and programs throughout the country. These partnerships have been on various levels—from simple partnerships to elaborate collaborations. Here is a look at two of them.

National Priority Setting Meeting

A Cooperative Partnership

The Clerc Center hosted a National Priority Setting Meeting in February 2013, bringing together a wide range of individuals involved in deaf education. For two days, these individuals, a diverse group of professionals and parents who represented various ethnic groups, educational settings, and language and communication modalities, discussed issues in accordance with a consensus-building model developed by Alexander N. Christakis with Kenneth C. Bausch in their book *How People Harness Their Collective Wisdom and Power to Construct the Future in Co-Laboratories of Democracy* (2006). Using principles from this book, we had action-oriented democratic meetings in which participants from divergent perspectives participated equally, with each of the many perspectives recognized and respected.

This event met the terms of a *cooperative partnership* because it:

- **was short term.** The work occurred over two days.
- **pursued a common goal.** A clear guiding statement issued at the start kept everyone on topic.
- **established equality among participants.** A software program, CogniScope, guided the group through a structured process and helped equalize opinions. Each person was provided the same amount of time to speak. Goals were selected by voting. The framework was highly structured; however, each person involved within the framework had autonomy and shared equally his or her opinions, beliefs, concerns, and goals.

Guidelines for Cochlear Implant Planning

A Collaborative Partnership

As a result of national input and action plan committee work, the Clerc Center identified an original resource developed by the Deaf and Hard of Hearing Program of Boston Children's Hospital for children with cochlear implants that contained guidelines the Clerc Center believed were important to expand upon and to share with those involved in deaf education throughout the country. A collaboration was proposed. The Clerc Center and the Deaf and Hard of Hearing Program of Boston Children's Hospital brought together authors of divergent backgrounds to work on expanding those guidelines.

Various professionals from the fields of audiology, speech-language, education, and psychology as well as school administrators, representing hospitals, agencies, schools, and private practices were invited to join in this collaborative effort. By 2012, an agreement was reached and our collaboration commenced. Over 40 professionals participated (30 of them original authors). Authors were sent a survey to ensure their thoughts and viewpoints were considered and included in the content development and revisions leading to the final product design.

Additionally, a survey was sent to obtain feedback from a variety of representative constituents who would be the potential users of this downloadable resource. These constituents—including audiologists, educators for the deaf, special education administrators, speech-language providers, parents, and caregivers—provided information that was included in the final product design. Feedback from authors also helped with a second component of the work, which was the refinement and expansion of the appendices to support classroom access and learning for students with cochlear implants.

In 2015, this new and expanded resource, *Children with Cochlear Implants: Guidelines for Educational Program Planning*, was published. The involvement preceding this publication met the terms of a *collaborative partnership* because it:

- **established a shared goal for both institutions.** The parameters and goals were clarified at the beginning of the collaboration.
- **focused on and revisited the goal throughout the work.** Surveys were distributed to key stakeholders prior to the initiation of the work and at the end of the work to ensure the effective pursuit of goals.
- **established equality among participants.** Surveys completed by authors ensured each author was equally represented in his or her feedback in the construction of this resource.
- **was long term.** The effort continued for four years.
- **involved complex work.** Individuals worked within clearly defined structures and had levels of responsibilities between two large and culturally different institutions.
- **depended on mutual interest.** The resource developed was viewed as a top priority by both the Deaf and Hard of Hearing Program of Boston Children's Hospital and the Clerc Center.