

Generating and Sustaining Commitment in Community Collaboration, Darrin Hicks (University of Denver)

Collaboration can be defined as a problem-solving process and a structure through which programs are implemented. It is first and foremost a communicative process of bringing together diverse agents with different interests, backgrounds, and types of expertise to work together to invent new ways of understanding the root causes of social problems and to design novel solutions to address those problems. But it does not stop there. Collaboration is also a means of forming new partnerships to implement programs designed to increase the scope of services, eliminate waste and duplication, and to ensure that the necessary resources are in place to deliver those programs with fidelity.

There are three elements of that definition that we think are crucial to understanding the nature of collaboration and how it can be measured in terms of influencing program outcomes.

1. Collaboration, in essence, is a communicative process. Hence the types and quality of that communicative process need to be identified and measured.
2. Collaboration, as anyone who works in the field will tell you, is all about relationships. What we call collaborative structures are really relationships that have been institutionalized. We should not forget that relationships are dynamic, living entities.
3. Collaborative relationships are built on commitment. It takes a great deal of commitment to collaborate, but if it is done right collaboration also generates mutual commitment.

Carl Larson and I have spent the last 10 years working to understand how *the quality of the collaborative process impacts the outcomes of collaborative partnerships*. We measure this impact in terms of how well the programs implemented by collaboratives perform. Specifically, we have been trying to understand what accounts for the varying levels of success collaboratives have in improving the health and well-being of the people they serve.

In that work we have found that *the key ingredient of collaborative success is commitment*. That is, the success of a collaborative seems to rise and fall with the level of commitment the stakeholders who are part of it bring to the table as well as the new forms of commitment the collaborative is able to generate.

Commitment takes several forms in collaboration:

1. The commitment that stakeholders have to the quality of the collaborative process.
2. The commitment that stakeholders have to each other.
3. The commitment that stakeholders have to the new group identity that is formed in collaboration.
4. The resource commitments that each stakeholder must make for the group to succeed.
5. The commitment that stakeholders have to the integrity and fidelity of the programs they implement.
6. The commitment of the people delivering the program to those they serve.

The consistent finding of our research is that *these levels of commitment are all related*. The initial commitment to using a high-quality collaborative process sets the stage for all of the other forms of commitment, even the level of commitment that a caregiver who was never present for those initial meetings has to those she/he serves. This is why the variance in the commitment to cultivating a high-quality process predicts the variance in program success.

Our theoretical approach begins by reflecting on the communicative functions of process; specifically how stakeholders read processes dynamics as relational cues and as a proxy for interpersonal trust. To do so we work from the account of fairness in the procedural justice literature, the account of the social cognitive processes involved in making judgments about the fairness of procedures found in Fairness Heuristic Theory (Lind, 2001) and the way those judgments influence commitment, an account that we take from the Investment Theory of Commitment (Rusbult & Buunk, 1993). We have developed two instruments that measure the quality of collaborative processes, the *Working Together* measure and the *Process Quality Scale*. We have identified what we think are the most important features of high-quality collaborative process.

A high-quality collaborative process is inclusive, treats stakeholders as equals, is focused on the root problem and is authentic. These dimensions of process quality should be understood in both structural and phenomenological (experiential) terms.

An *inclusive* process is one in which those affected by the problem, those who are charged with responding to it, and those responsible for implementing programs are invited to collaborate. A process feels inclusive when it actively seeks to include unusual voices.

A process that *treats stakeholders equally* not only affords stakeholders equal opportunities to contribute irrespective of who they represent, but any stakeholder feels that they could contribute in a way that causes everyone else to reconsider their position.

A process that is *problem-focused* consistently asks its members whether or not they are making headway on responding to the root problems they face and not simply meeting to secure its institutional power and/or continued funding. That is, stakeholders do not feel that they are meeting to simply fulfill a mandate.

An *authentic* process is one in which stakeholders can make binding commitments without fear that those commitments will be rescinded by agents with higher-levels of authority.

Each of these dimensions can be further specified and measured much more precisely. To illustrate let's take a closer look at the dimensions of authenticity.

1. All stakeholders, regardless of the organization they represent, are presumed to be able to ask critical questions, present compelling evidence, to tag problematic behaviors and attitudes, make a case for revising the process when it goes off-track, and to present solutions that are to be taken seriously. Thus, in the process, some people's merits are not taken for granted while other people are asked to justify themselves
2. The process stays focused on the problem being addressed and, importantly, all stakeholders discuss the criteria for making decisions and the possible costs and benefits of a decision in terms of how it furthers the collaborative's goals rather than how it advantages or disadvantages their back-home organizations.
3. Those with the power to make decisions and resource commitments are at the table. Or at the very least they have sent representatives who have the power to make commitments on their organizations behalf.
4. Those in high-level positions trust the group to do its job and, therefore, do not try to pull strings so as to influence the group or simply cherry-pick which of the solutions offered by the group they will support.
5. The group feels that it has the power to make binding decisions. So the decision has not been made in advance and is simply confirmed by the process.

We have found that *high-quality collaborative processes are instrumental in keeping stakeholders engaged, fostering strong inter-agency partnerships, enrolling and retaining clients in programs, increasing the level of community and parental involvement, ensuring that caregivers build strong relationships with those they serve, and to implementing programs with fidelity.* Specifically in our study of the Colorado Community Health initiative we found that process quality was the best predictor of success and sustainability over a ten-year period. In our studies of the Nurse-Family Partnership we found that process quality better explained the variance in client and nurse retention than any other known variable. And in our study of the Incredible Years program we found that process quality was associated with the levels of parent and teacher involvement, program fidelity and social-emotional competence.

The most intriguing aspect of these findings is that the quality of the process was measured anywhere from 3-5 years before analyzing its relationship to program outcomes. Of course, it is reasonable to ask how the quality of the collaborative process could exercise that sort of influence on program outcomes. Our answer is that the commitment generated by an open and credible process transferred from the initial stakeholder group through the organizational cultures of the agencies responsible for implementing the program and then on to the teams of service providers in that agency and finally to those served by them. We call this the *transfer of commitment*. We posit two explanations of the transfer of commitment that we believe are applicable to your work in early childhood care and education.

First a *developmental explanation*. We have focused our efforts on understanding and measuring the quality of the collaborative process in the beginning stages of program implementation. Just as the first years of a child's life are crucial to its later development, the same is true for collaboratives.

Second, a *relational explanation*. The programs we have examined share an important characteristic: their success depends on the quality of the relationship between provider and client, nurse and mother, teacher and parent, teacher and student. Collaborative relationships travel all the way through to these critical relationships.