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Article in Families in Society: the Journal of Contemporary Human Services · February 1999

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Collaboration: A Social Work Practice Method

by John R. Graham & Ken Barter

Abstract

Although collaboration is ubiquitous to social work, this article is the first to consider "collaboration" as a unifying method for all fields of social work practice and as appropriate to current sociopolitical practice contexts. From interdisciplinary and social work literatures, the authors propose a definition fitting for social work practice and discuss necessary conditions, attributes, and phases, as well as a case example.

ALTHOUGH COLLABORATION IS ubiquitous to the literature, this article is the first to introduce collaboration comprehensively, as a method for social work practice. It begins by defining the term and explaining its relevance to contemporary social work practice. Conditions, antecedents, and phases for successful collaborative practice are discussed. A specific service area is used as an example of applying the collaborative method of practice.

Collaboration highlights current needs for effective teamwork, professional cooperation, and the enhancement of existing collaborative relationships such as worker-to-client, worker-to-colleague, worker-to-agency, agency-to-agency, and worker/agency-to-community/society. Collaboration diverges from older practices of professional competitiveness, and lack of cooperation within bureaucracies and between agencies. These are no longer affordable in an era of severe social welfare retrenchment, persistent client needs, and desired high quality program delivery. Collaboration also eschews a professional epistemology that glosses over community and society inequalities. Given the current neoconservative era, these inequalities must be addressed front and center, both in theory and in practice.

Above all else, collaboration captures the need for professions, agencies, communities, and client systems to work differently — to begin pooling resources, linking and allying with one another in efforts to rethink current practices, and to develop innovative, new responses to

rapidly changing social problems (Lawson & Anderson, 1996). In the past, many collaborative efforts were perceived as voluntary. In our own time, as several advocates point out, collaboration is necessary to address social issues that are beyond the capacity or scope of any one agency or profession (Bailey & Koney, 1996; Weil, 1996; Parsloe, 1990).

Collaboration and Social Work Theory

Throughout much of its history, social work has been teaching and advocating inter- and intraprofessional collaboration as a practice skill. Previous generations of theorists such as Ida Cannon on medical social work (1923, 1952) or Charlotte Towle on public assistance (1945, 1952, 1969), are excellent examples. In our own time, introductory practice texts refer to collaboration as a vehicle for work that is interdisciplinary (Johnson, 1989; Northen, 1982) cooperative among social service agencies (Bailey & Koney, 1996), and between a social worker and client (Dorfman, 1988; Parsons, 1994; PinCUS & Minahan, 1973). These collaborative facets, as will be discussed, also appear in field-specific research in relation to social work and health care (Abramson & Mizrahi, 1996; Casto & Julia, 1995; Germain, 1984), child welfare (Bruner, 1991; Lawson et al., 1996; Pecora et al., 1992), bringing about social (Bailey & Koney, 1996; Hoffman & Sallee, 1994) and community (Specht,

1969, 1975) change, and cooperative work within (O'Looney, 1994) and between (Alaszewski & Harrison, 1988; Hendrickson & Omer, 1995; Weissman, 1983) social work agencies.

Similar terms also figure prominently in social work literature. While brevity precludes all authors from being cited, major articles have been written on partnership (Poole, 1995), particularly in the areas of collaborative research (Bogo et al., 1992; Subraminian, Siegel, & Garcia, 1994; Whittaker & Archer, 1994), school social work (Brown & Chavkin, 1994; Schrenzel, 1994), and university/community engendered social change (Bembry, 1995; Ruffolo & Miller, 1994). The development of community level consortia (Bailey & Koney, 1996) has also received attention.

Collaboration Defined

The concept of collaboration has developed within and outside social work research. And so to best understand the term, we argue, it is necessary to turn to a broad, interdisciplinary literature encompassing education, management studies, psychology, sociology, and social work (Bruner, 1992; Germain, 1984; Gray, 1985, 1989; Kraus, 1980; Hord, 1986; Specht, 1969, 1975). From it, collaboration may be defined as a relational system in which two or more stakeholders pool together resources in order to meet objectives that neither could meet individually. Thus, terms such as *advocacy*, *coalition building*, *communicating*, *consensus building*, *consortium work*, *cooperating*, *coordinating*, *empowering*, *networking*, *partnership building*, *relating*, *striking a therapeutic alliance*, or *task force work* can be part of the broader umbrella of "collaborating." What distinguishes these terms from collaboration is the latter's enduring significance to all levels and types of practice, its relevance to all stages of any helping process, and its requirement for common objectives to facilitate change and common objectives to carry out tasks by sharing resources, power, and authority (Germain, 1984; Lawson & Anderson, 1996; Specht, 1969, 1975).

It is important to distinguish collaboration from other familiar terms such as *cooperation*, *coordination*, and *partnership*. Cooperation, for example, facilitates support and assistance for meeting goals that are specific to an individual stakeholder, whereas collaboration insists on goals that are mutually agreed upon based on an established value base to which all stakeholders have a commitment (Hord, 1986). Rodal and Murder's defini-

tion of partnership as an "arrangement between two or more parties who have agreed to work cooperatively toward shared and/or compatible objectives" (1993, p. 28) comes close to our definition of collaboration (See also Poole, 1995). It deviates from it, however, in not making provision for such collaborative tenets as shared decision-making, ownership, and universal participant risk. Meanwhile, coordination includes joint activity and working together with individual stakeholders maintaining their own sets of goals, expectations, and responsibilities. In contrast, collaboration requires the creation of joint goals to guide collaborators' actions (Bruner, 1991).

In community organization practice, Harry Specht differentiates between relationships that are collaborative, bargaining, and conflictual (Specht, 1969). In the first, there is trust and mutual agreement on means and ends; outcomes are perceived to be desirable, and demands placed on participants are perceived to be minor. In the second, the relationship is adversarial, with a willingness to negotiate differences; outcomes are not entirely in one's self-interest, and demands placed on participants are perceived to be moderate. In the third, there is distrust and disagreement on means and ends; outcomes are perceived to be undesirable, and demands placed on participants are seen to require major changes in status, power, and/or control over resources. We argue, in contrast, that Specht's bargaining relationship is, according to our definition, collaborative. At the same time we acknowledge, as Specht's differentiations imply, that there are ranges of collaboration; that is to say, some relationships are more collaborative than others. Finally, as will be discussed, although Specht's conflictual relationship is not collaborative, it has the potential of becoming so, since all relationships are dynamic.

Collaboration proposes joint sharing and decision making in the interest of change, as well as changes in relationships to facilitate these ends. But stakeholders will have *different degrees and types of power*, which in turn will influence their collaborative relationships. Indeed, motivations to engage or refrain from collaboration are necessarily influenced by differences among stakeholders in expertise, status, political power, and access to funding and to personnel resources. Equally influential are government mandates, which may variously cover the widest spectrum of requiring to restrict collaborative opportunities. Not surprisingly, the willingness to share power and resources in order to strive for common goals that are based on an agreed upon value premise will not be free of conflict. Thus, antecedents are fundamental for stakeholders to be involved in change at an individual, family,

group, community, organizational, or societal level.

Antecedents for Collaboration

When the status quo is seen to be unsatisfactory (Hord, 1986, p. 23), when existing efforts to address a problem have not been fully successful (Benard, 1989, pp. 157-9), or when it is realized that an issue or a problem is beyond the capability of any one person or system (Parsloe, 1990), the need for collaboration is enhanced (Germain, 1984; O'Looney, 1994; Specht, 1969). At the clinical level, for example, the client enters into a collaborative helping relationship in order to address some aspect of life that is unsatisfactory. The collaborative social worker is less protective of territorial expertise, being a conduit through which referrals may be made but with whom a client may maintain an ongoing professional relationship. Collaboration, it should be noted, is also consistent with prevalent principles of self-help, client empowerment, multidisciplinary teamwork, the enhancement of individual capacities (as distinct from pathologizing or adversely labeling clients), and the use of natural helping networks (Germain, 1984; O'Looney, 1994; Pincus & Minahan, 1973). The collaborative relationship places the worker in a consultative capacity, respecting clients' rights to fully participate in decisions directly affecting them (Breakwell & Rowett, 1982; Dorfman, 1988).

At the community level, collaboration is central to the notion of advocacy, citizen participation, coalition building, community empowerment, and resource mobilization (Hoffman & Sallee, 1994). Collaboration likewise can be a foundation of social justice work (Specht, 1969, 1975). But this is not to confuse consensus with collaboration, nor should it be assumed in collaboration implicit notions of stability from Tory political ideology or from the functional sociological tradition (Nelson, 1961; Taylor, 1982; Turner, 1982). On the contrary, collaboration assumes the inevitability of conflicting ideas and differential power relationships as well as a necessity for compromise, continued advocacy for a position, and the knowledge and skills to differentiate between the two. At the macro level, collaboration also eschews current neoconservative tendencies toward differential power relationships within society and between countries. And at all levels, it highlights common notions of the human experience alongside a postmodernist insistence upon diffused social identities.

At the agency level, there may be several areas requiring increased program effectiveness (Benard, 1989, pp. 157-9; Hendrickson & Omer, 1995): social service

programming may be fractured or uncoordinated (O'Looney, 1994); services may be duplicated unnecessarily (Rasmussen & Olivier, 1994; Weissman, 1983); referral barriers may either inhibit client access to services (Rasmussen & Olivier, 1994) or lack sufficient opportunity to empower clients (Benard, 1989, pp. 157-9; Hendrickson & Omer, 1995); a continuum of social services may need broadening; certain programs or agencies may require greater visibility to the community (Alazewski et al., 1988; Hendrickson & Omer, 1995; Rasmussen & Olivier, 1994); varying models of service delivery may need development (Hendrickson & Omer, 1995; Johnson et al., 1982, p. 397). Conversely, extant services may be overly categorical, thereby diminishing opportunities to share decision making, develop joint goals, or pool resources (O'Looney, 1994).

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At all levels of intervention, in an era of scarcity, authors advocate pooling together resources and solving problems collectively (Benard, 1989, pp. 157-9), reducing costs and promoting efficient, resource-effective agency functioning (Alazewski et al., 1988; O'Looney, 1994). For social agencies, collaboration becomes increasingly important as competition for funding increases, and as funding agencies insist more and more upon collaborative relationships, rather than "going it alone" (Mattessich & Monsey, 1992). Collaboration allows the sharing of staff training and program development (Benard, 1989, pp. 157-9; Hendrickson & Omer, 1995; Rasmussen & Olivier, 1994). Opportunities to learn to do things better — to improve from collective experience — are particularly powerful (Rasmussen & Olivier, 1994; Weissman, 1983). Collaboration in inter- and intra-disciplinary contexts can include joint mobilization and partnerships of agencies, and collaborative lay/professional outreach and program delivery. Either type of collaboration, at any level of intervention, ought to foster a better understanding of client needs, improve service delivery, reduce the likelihood of professional burnout, empower those involved, share risks and resources, and increase

employee morale (Abramson & Mizrahi, 1996, p. 272; Germain, 1984). Notions of client autonomy, client power, client agency, and informed choice making are also particularly emphasized (Pincus & Minahan, 1973).

The impetus for collaborative relationships may come from a policy direction for funding (Benard, 1989, pp. 157-9; Hendrickson & Omer, 1995; Johnson et al., 1985, p. 397), from revised institutional, intra-institutional mandates, from leadership directives (Benard, 1989, pp. 157-9; Hendrickson & Omer, 1995), or from concerns associated with changing social, economic, and political trends (Gray, 1989; Hendrickson & Omer, 1995; Weissman, 1983). So too may it originate from a social worker's selection of a collaborative approach to practice, or, similarly, from the conscious, values-driven choice to commit to collaboration made by an individual, an institution, a group, a community, or a society itself.

Conditions to Facilitate Collaboration

Several conditions are necessary to facilitate a collaborative relationship. To begin with, there should be a recognized interdependence in the helping process, and an understanding that the pooling of resources is necessary in order to solve problems and to meet mutual needs and interests (Germain, 1984; Gray, 1985, p. 921; Wimpfheimer et al., 1990). There could be multiple sources of motivation, including anticipation of outcome (Benard, 1989, p. 159; Bruner, 1992; Lawson et al., 1996; Pecora et al., 1992), as well as recognition that the status quo is insufficient. Thus there should be a shared perception of stakeholders' legitimacy (Germain, 1984; Gray, 1985, p. 923), as well as the allocation of sufficient time, energy, and resources to pursue the relationship (Benard, 1989, p. 159). There should therefore be authority and influence — power to commit resources as well as to be in a position of influence to convince others to do the same (Hendrickson & Omer, 1995; Wimpfheimer et al., 1990). Such personal characteristics as creativity, empathy, flexibility, innovation, openness, patience, self-assurance, and willingness to take risks are all deemed important (Benard, 1989, p. 159; Germain, 1984; Specht, 1969, 1975; Wimpfheimer et al., 1990). Finally, above all else, a collaborative relationship is dynamic: notions of aspirations, authority, conceptual frameworks, resource allocation, responsibility, and values may change over time. Shared values and conceptual frameworks, for example, may not be possible at the outset of a collaborative relationship, or even at termination. But thinking about these phenomena along a continuum can assist stakeholders to appreciate both common ground and the possibilities for values and

conceptual convergences.

Obstacles to successful collaborative practice may include turf protection, role competition, and role confusion at either the professional or organizational levels; an organization's, and/or a professional's adherence to rigid mandates; low levels of accountability to consumers of social services; excessive bureaucratic influence on social services; crisis-response reactive programming, rather than proactive approaches; and an absence of trust among participants (Bruner, 1992; Garner, 1994; Germain, 1984; Lawson et al., 1996; Pecora et al., 1992).

At the organizational level, Benard calls for as broad as possible based representation of stakeholders and equality among stakeholders (1989, p. 159). At other levels of intervention, these concepts need to be applied judiciously. Social workers may, for example, attempt to reduce a client's power imbalance by providing greater opportunities for client participation, client autonomy, and client decision making (Dorfman, 1988; Parsons, 1994; Pincus & Minahan, 1973).

The transition to a collaborative relationship may not always be smooth. As Carel Germain points out, for example, collaboration among two or more disciplines may proceed through several stages. The process is often preceded by "disappointment, anger, and the persistence of rigid disciplinary roles" (Germain, 1984, p. 201). Only after disciplines become aware of "how the other(s) can contribute to achieving shared goals," can the stages of realistic appraisal, accommodation, and integration take place (Germain, 1984, p. 201). Indeed, the most effective modes of interprofessional collaboration occur when stakeholders possess a matrix of knowledge, skills, and attitudes that are conducive to a clear self-image and professional identity that allows for the intelligent assessment of others' functions, and for stakeholders' integration within the work environment using a variety of communication and conceptual skills (Germain, 1984, pp. 225-8).

Phases of Collaboration

There are four phases of collaboration. The first, problem setting, identifies stakeholders within a domain, and mutual acknowledgement and common definition of the issues (Gray, 1985, pp. 917-25). The second, direction setting, allows stakeholders to articulate values that guide individual pursuits and to identify common purposes and goals (Gray, 1985, pp. 917-25). Common purposes may include expectations of outcome, need for collaboration, and shared perceptions of legitimacy and of interdependence. At the agency and intraagency levels, strategic

planning is essential to achieve common goals and interests (Gray, et al., 1991). The third phase, implementation of a plan, incorporates social work knowledge, skills, and domain-specific theories under a broad rubric of collaborative practice. Such skills include, but are not limited to, conferring, consulting, cooperating (Germain, 1984, pp. 204-5), “the capacity to listen, to be respectful, to understand the implications of other professional opinions, to be willing to recognize and accept areas in which the expertise of colleagues is unique, and to defer to special knowledge when appropriate” (Weissman, 1983, p. 151). The fourth phase, structuring, allows the creation of long-term structures to nurture, evaluate, and sustain collaboration (Gray, 1985, pp. 917-25).

In order for a collaborative relationship to be sustainable, the following strategies will have been incorporated throughout the collaborative relationship:

- a nonpersonalized approach, separating people from the problem (Benard, 1989, pp. 163-4);
- a focus on interests, not positions (Benard, 1989, pp. 163-4);
- stakeholders’ interests are common and different at the outset, and are understood to be changeable over time (Gray et al., 1991);
- options need to be invented for mutual gain (Benard, 1989, pp. 163-4);
- objective criteria and realistic goals need to be used at all stages (Benard, 1989, pp. 163-4; Hendrickson & Omer, 1995);
- where possible, shared leadership, authority, responsibility, and resources are desirable (O’Looney, 1994);
- key players need to be involved at every level (Hendrickson & Omer, 1995).

Collaboration: An Example

Limits of space do not allow for extensive case examples; these could be subjects of further research. One example area, however, is particularly vital: child welfare. To begin with, public child welfare agencies are widely seen to be in crisis (Cohen & Austin, 1994; Farrow, 1991; Scarth, 1993; Wharf, 1993). Authors call for changes in policy and philosophy (Armitage, 1993; Wharf, 1993; Whittaker, 1991) and in organizational structures (Hagerdorn, 1996; Pelton, 1990). Others advocate a reconceptualization of roles and responsibilities of myriad child welfare stakeholders (Kufeldt, 1991; Maluccio, 1997; Pelton, 1991; Steinhauer, 1991; Callahan et al., 1994). A means to these ends, we argue, is a collaborative approach to

practice at the policy, management, and direct-service delivery levels.

The first phase of a collaborative public child service is outlining a problem that is common to many stakeholders — including school officials, child protection services, the corrections system, parents, foster parents, and recreation services. The executive director of a child welfare services agency, for example, may decide to call a meeting with other stakeholders in order to address common issues regarding child protection services.

The second phase is direction setting and establishing common values. Public child-serving agencies often interface with the same children, each carrying out its own legislated mandate. Stakeholders’ mandates would significantly change, however, were they to adopt a common purpose and value base, such as recognizing children as a community resource requiring the collective investment of all stakeholders in their growth and development. In this scenario, child protection, as an example, would be equally significant to all stakeholders. This is not to say, however, that all stakeholders would have identical values nor identical expertise — although stakeholders could learn from each other in both respects. Rather, these collective attributes could be the basis for a given end(s), and recognition of the need to commit resources and to embrace collective responsibility in creating and sustaining a collaborative relationship.

. . . collaboration assumes the inevitability of conflicting ideas and differential power relationships as well as a necessity for compromise, continued advocacy for a position, and the knowledge and skills to differentiate between the two.

Having established common frames of reference, the third phase, therefore, would see stakeholders pooling resources to address identified problems. Significant policy changes would occur, for example, were stakeholders to agree to devote greater resources to such traditionally neglected areas as primary prevention and early intervention programs. A collaborative relationship would entail

working across disciplines, agencies, and mandates whereby innovation, risk taking, and different methods of intervention are encouraged and shared. Non-sectarian schools, for example, could introduce affordable breakfast programs in concert with local churches; recreation services could target programs in consultation with child welfare workers, children, and parents; bimonthly forums of stakeholders could monitor each area of the prevention system and provide opportunities for changes, universal stakeholder input, and evaluation.

This leads to the fourth phase, where the collaborative effort would be sustained by such formal structures as the bimonthly meeting, and by such informal means as more regular intra- and interdisciplinary communication, and intra- and interagency communication. "Models of best practice" could be developed wherein shared power and resources could occur. For example, a school guidance counselor may also be trained, in a collaborative model, to deal with a child neglect situation and carry out an assessment for involvement of any other services. Authority to perform this task eliminates time-consuming referrals and reduces the number of people involved with the family. Teenage pregnancy may be approached under the auspices of the school with a public health nurse being assigned responsibility for total involvement in health, education, social, and personal issues. As such, the nurse would be free to work across disciplines to provide integrated, accessible, and user-friendly services. A child protection worker may be assigned to a particular school to work closely with school officials and carry out any necessary services with children and their families in respect to protection and other issues impacting the family. Outreach and involvement from the school would entail earlier intervention in many instances and sends a different message to the child and family in terms of aid and assistance, in contrast to

what some clients may view as heavy-handed authority associated with child protection agencies.

Collaboration in the child protection field entails a shift in emphasis if the purpose is to accept collective agency responsibility for the protection of children and a willingness to invest resources to facilitate working across the various disciplines involved. Such a shift would likewise be a positive direction in addressing the acknowledged crisis that exists in child protection systems. Examples of these shifts are shown in Table 1.

As indicated in Table 1, the above collaboration example transforms social work practice at multiple levels. At the worker and agency levels collaboration engenders flexibility, coordinated, collective responses, common goals, relinquished control from rigid mandates, and intraprofessional practice. The collaborative clinician insists on collaborative conditions such as trust, shared values, and client and agency autonomy, and the social worker's deliberate stance of not being an expert. Collaboration meets head-on workers' feelings of being isolated and alone in their roles and mandates, constantly coping with dwindling resources and changes in public policy. Current interventions are challenged; active participation of stakeholders in the sharing of power and resources are encouraged.

At the community level, collaboration allows for values convergences, common goals, reduced costs, and the transformation of child welfare into a process of community development. At the societal level, it reflects notions of social cohesion and shared concern, recognizing, at the same time that social injustice and inequalities have precipitated many of the social problems with which social workers are involved. At the agency level, agency policies, responsibilities, and procedures may be redesigned (Hendrickson & Omer, 1995).

Table 1.

Collaboration requires:	Challenging the following practices:
Making poverty a target of intervention	Operating within a framework of poverty
Flexibility and sharing mandates	Rigidity
Removing professional barriers	Turf protection
Risk taking and promoting change	Tinkering
Social change focus	Social control
Proactive/prevention approach	Reactive/crisis approach
Relinquishing power and authority	Maintaining power and authority
Innovation and doing things differently	Maintaining the status quo
Client involvement and empowerment	Powerlessness on the part of clients
Community and agency involvement	Agency involvement alone

Moreover, collaboration is not new to child protection work or social work. For example, case management has long been associated with both, and it builds on a collaborative model of sharing, participation, collective problem solving, mutual goals, and shared principles (Hoffman & Salee, 1994). Likewise, permanency planning is a long-standing conceptual framework in child welfare (Pecora, Whittaker & Maluccio, 1992).

Conclusion

Methods in social work theory have long been dominated by noun-based concepts, be it a diagnostic school, a functional school, systems theory, or more recently, the ecological perspective. Collaboration, in contrast, is consciously action-driven; in conceptual terms it is best understood as a verb — as a result of the coming together of two or more stakeholders, be they individuals, groups, communities, or organizations. Indeed, to *collaborate*

may be included among the most significant of all social work verbs, alongside to *communicate*, or to relate. Likewise, to collaborate is not an end in itself; rather, it is a means of achieving objectives of social work intervention, such as improved client functioning, or social justice.

The collaboration method of social work practice provides common theoretical ground for different levels of practice. It therefore may be a further instrument to reconcile persistent cleavages within the profession, particularly between advocates of frontline practice's therapeutic component, on the one hand, and those seeking a more explicitly social action basis to direct practice, on the other hand (Mullaly, 1993; Specht & Courtney, 1994). Collaboration will come to mean different things over time; it is always in flux precisely because it is a verb that is in a constant state of application. This, perhaps, is one of its greatest strengths. Indeed, collaboration may be a method in which an increasing diversity of social work theories can coexist and contribute to one another's mutual development.

References

- Abramson, J. S., & Mizrahi, T. (1996). When social workers and physicians collaborate: Positive and negative interdisciplinary experiences. *Social Work, 41*(3), 270-281.
- Adams, P., & Nelson, K. (Eds.). (1995). *Reinventing human services. Community- and family-centered practice*. New York: Aldine de Gruyter.
- Alaszewski, A., & Harrison, L. (1988). Literature review: Collaboration and co-ordination between welfare agencies. *British Journal of Social Work, 18*(6), 635-647.
- Armitage, A. (1993). The policy and legislative context. In B. Wharf (Ed.), *Rethinking child welfare in Canada*, 37-63. Toronto: McClelland & Stewart.
- Bailey, D., & Koney, K. M. (1996). Interorganizational community-based collaboratives: A strategic response to shape the social work agenda. *Social Work, 41*(6), 602-611.
- Bembry, J. X. (1995). Project SUCCESS: A model for university-school-community partnership. *Social Work in Education, 17*(4), 256-62.
- Benard, B. (1989). Working together: Principles of collaboration. *Prevention Forum, 10*(1), 157-165.
- Breakwell, G. M., & Rowett, C. (1982). *Social work, the social psychological approach*. London: Van nostrand Reinhold.
- Brown, K., & Chavkin, N. F. (1994). Multi-ethnic family-school-community partnerships: Challenge and opportunity for social work education. *Journal of Teaching in Social Work, 10*(1/2), 177-93.
- Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services*. Washington, DC: Education and Human services Consortium.
- Callahan, M., & Wharf, B. (1994). The case for removing child abuse and neglect investigations from the mandate of child welfare. In *Rethinking social welfare: People, policy, and practice*. Sixth Biennial Social Welfare Conference, St. John's, Nfld, 87-108.
- Cannon, I. (1952). On the social frontier of medicine, pioneering in medical social service. Cambridge: Harvard University Press.
- Cannon, I. (1923). *Social work in hospitals, a contribution to progressive medicine*. New York: Russell Sage.
- Carroll, M. (1980). Collaboration with social work clients: A review of the literature. *Child Welfare, 59*(7), 407-417.
- Casto, R. M., & Julia, M. C. (1995). *Interprofessional care and collaborative practice*. Pacific Grove, California: Cole Publishing.
- Cohen, B. J., & Austin, M. J. (1994). Organizational learning and change in a public child welfare agency. *Administration in Social Work, 18*(1), 1-19.
- Farrow, F. (1991). Services to families: The view from the states. *Families In Society: The Journal Of Contemporary Human Services, 72*(5), 268-276.
- Germain, C. B. (1984). *Social work practice in health care: An ecological perspective*. New York: Free Press.
- Gray, B., & Wood, D. J. (1991). Collaborative alliances: Moving from practice to theory. *Journal of Applied Behavioral Science, 27*(1), 3-22.
- Gray, B. (1985). Conditions facilitating interorganizational collaboration. *Human Relations, 38*(10), 911-936.
- Hagerdorn, J. M. (1996). *Forsaking our children: Bureaucracy and reforms in the child welfare system*. Chicago: Lake View Press.
- Hendrickson, J. M., & Omer, D. (1995). School based comprehensive services. In P. Adams & K. Nelson (Eds.), *Reinventing human services. Community- and family-centred practice*, 145-162. New York: Aldine de Gruyter.
- Hord, S. M. (1986). A synthesis of research on organizational collaboration. *Educational Leadership, 43*(5), 22-26.
- Johnson, W. H., McLaughlin, J. A., & Christensen, M. (1982). *Intera-*

- gency collaboration: Driving and restraining forces. *Exception Children*, 395-399.
- Kufeldt, K. (1991). Foster care: A reconceptualization. *Community Alternatives*, 3(1), 9-17.
- Lawson, R., & Anderson, P. (1996). Community-based schools: Collaboration between human services and schools as radical educational reform. In H. S. Harris, & D. C. Maloney (Eds.), *Human services: Contemporary issues and trends*, 161-172. Toronto: Allyn and Bacon.
- Malick, M. D., & Ardythe, A. A. (1983). Politics of Interprofessional collaboration: Challenge to advocacy. In H. D. H. Weissman, I. Epstein, & A. Savage (Eds.), *Agency based social work: Neglected aspects of clinical practice*, 149-154. Philadelphia: Temple University Press.
- Maluccio, A. N. (1997). Time for an ideological shift in child welfare? An essay review. *Social Service Review*, 71(1), 135-43.
- Mattessich, P. W., & Monsey, B. R. (1992). *Collaboration: What makes it work*. St Paul: Wilder Research Center.
- Nelson, W. H. (1961). *The American tory*. Oxford: Clarendon.
- O'Looney, J. (1994). Modeling collaboration and social services integration: A single state's experience with developmental and non-developmental models. *Administration in Social Work*, 18(1), 61-86.
- Parsons, R. J., Hernandez, S. H., & Jorgensen, J. D. (1988). Integrated practice: A framework for problem solving. *Social Work*, 33(5), 417-421.
- Parsloe, P. (1990). Social work education in the year 2000. *International Social Work*, 33(1), 13-25.
- Pecora, P. J., Whittaker, J. K. & Maluccio, A. (1992). *The child welfare challenge: Policy, practice, and research*. New York: Aldine De Gruyter.
- Pelton, L. H. (1990). Resolving the crisis in child welfare. *Public Welfare*, 48(4), 19-25.
- Pelton, L. H. (1991). Beyond permanency planning: Restructuring the public child welfare system. *Social Work*, 36(4), 337-343.
- Pincus, A., and Minahan, A. (1973). *Social Work Practice: Model and Method*. Madison: University of Wisconsin Press.
- Rodal, A., & Mulder, N. (1993). Partnerships, devolution and power sharing: Issues and implications for management. *Optimum Journal of Public Sector Management*, 24(3), 27-45.
- Ruffolo, M. C., & Miller, P. (1994). An advocacy/empowerment model of organizing: Developing university-agency partnerships. *Journal of Social Work Education*, 30(3), 310-16.
- Schrenzel, J. (1994). The school-community partnership: Helping at-risk youth. *Smith College Studies in Social Work*, 64(2), 181-91.
- Specht, H. (1969). Disruptive Tactics. *Social Work*, 14(2), 5-15.
- Specht, H. (1975). Disruptive Tactics. In R.M. Kramer & H. Specht (Eds.), *Readings in Community Organization Practice*, 336-348. New York: Prentice-Hall.
- Specht, H., & Courtney, M. E. (1994). *Unfaithful angels: How social work has abandoned its mission*. Toronto: Maxwell Macmillan Canada.
- Steinhauer, P. (1991). *The least detrimental alternative: A systematic guide to case planning and decision making for children in care*. Toronto: University of Toronto Press.
- Subramanian, K., Siegel, E. J., & Garcia, C. (1994). Case study of an agency-university research partnership between a school of social work and a medical center. *Journal of Social Service Research*, 19(3/4), 145-61.
- Taylor, C. (1982). *Radical Tories: The conservative tradition in Canada*. Toronto: Anansi.
- Towle, C. (1945). *Common human needs, an interpretation for staff in public assistance agencies*. New York: American Association of Social Workers.
- Towle, C. (1952). *Common human needs*. New York: American Association of Social Workers.
- Towle, C. (1969). *Helping: Charlotte Towle on social work and social casework*. Chicago: University of Chicago Press.
- Turner, J. H. (1982). *The structure of sociological theory*. Georgetown, Canada: Dorsey.
- Twelvetrees, A. C. (1991). *Community work*. London: Macmillan.
- Weil, M. O. (1996). Community building: Building community practice. *Social Work*, 14(4), 89-102.
- Whittaker, J. K. (1991). The leadership challenge in family-based services: Policy, practice, and research. *Families in Society*, 72(5), 294-300.
- Wimpfheimer, R., Bloom, M., & Kramer, M. (1990). Inter-agency collaboration: Some working principles. *Administration in Social Work* 14(4), 89-102.

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Original manuscript received: July 15, 1997

Accepted with revision: September 26, 1997

Revision received: October 10, 1997