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Collaboration Gone Awry: A Struggle for Power and Control over Service Delivery in the Non-Profit Sector

The Case — The Action Committee Collaboration Initiative

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The Action Committee on Sexual Assault and Domestic Violence (ACSADV) brought together 21 organizations representing crisis services, violence against women services, child protection services, health programs, justice and prosecution systems, victim and witness services, education systems, and counseling support services. Operating in one community, all these organizations were committed to a shared vision: to maximize the safety of those who experienced sexual assault/domestic violence while holding the perpetrators of these crimes accountable for their actions. Although each member agency played a role in helping those who experience sexual assault/domestic violence, prior to the formation of the ACSADV they had no consistent agreement upon ways to respond to and support their clients.

Pressure to collaborate came from several sources, one of the most prominent being Women's Crisis Services, a key player in the collaboration. The management at this organization was concerned with the lack of communication between the organizations that served their client population and hoped that bringing them together in a collaborative would increase communication and help to deliver a standard level of service to all women who seek support to deal with sexual assault/domestic violence. If an organization could not offer a client appropriate service, having formed an inter-organizational collaboration, *Women's Crisis Services* hoped that the client would be provided with an appropriate referral to another organization that could offer that service. Indeed, the managers of *Women's Crisis Services* envisioned a system where a woman who was struggling with sexual assault/domestic violence could go to any agency for help and receive information about all of the services available to her in the community.

This vision was rooted in the agency's feminist philosophy that clients know their needs better than anyone else and deserve choices and options with regard to selecting the organizations to utilize for assistance.

The managers at *Women's Crisis Services* were also concerned about the danger experienced by some clients who sought service to escape domestic violence. For example, in some cases the woman's abusive partner never leaves her side, carefully monitoring her daily activities. If an abusive partner, who typically does not want the woman to leave the relationship, discovers that she was contacting an organization for help he would likely become angry and more violent toward her, tightly controlling her actions. Becoming involved with too many organizations

increases the risk of a woman being seriously harmed by an abusive partner who discovers she is seeking help to leave him. Since a woman in this situation must carefully conceal her actions, the first organization she goes to might be the only one she ever accesses. Thus, *Women's Crisis Services* felt strongly that a screening process, through which the level of risk a potential client had for lethality due to domestic violence, ought to be completed as an important part of the first response to clients seeking support.

Furthermore, *Women's Crisis Services* felt that many clients who were experiencing sexual assault/domestic violence were falling through the cracks because no organization in the community offered the services that they required. For example, in this community there was no organization specifically designated to support children who experienced sexual abuse. Moreover, since no agency specialized in providing appropriate individual counselling for men who are abusive, clients with these needs were referred to another community for service. Establishing an inter-organizational collaboration would be the first step towards identifying and filling gaps in service.

In order to make this vision a reality, *Women's Crisis Services* began to recruit other organizations who worked with sexual assault/domestic violence to join an inter-organizational collaboration. Organizations that joined the collaboration accepted the plan for several reasons. Some managers might have hoped to ameliorate their organization's reputation in a community where collaboration is revered as good and valuable community work. By improving an organization's reputation there is potential for increased client numbers. Other organizational managers believed the collaboration would truly benefit the clients by increasing their safety and empowering them to deal with their challenges. And some organizational managers believed that communication amongst agencies would certainly help to ascertain what services their clients were receiving from other organizations. This would help to collaboratively deliver service to more challenging clients who repeatedly used and even abused services. All organizations could work together to monitor clients' support systems and ensure they were progressing toward recovery from sexual assault/domestic violence-related issues. Since the first initiative of the ACSADV would be to apply for government financial support for its work, joining the committee could provide access to new funding. Moreover, participating organizations could use their involvement on the committee to seek additional funds for their individual agencies.

Thus, these agencies came together in 2003 to address the need identified by *Women's Crisis Services* for a consistent first response for those who have experienced sexual assault/domestic violence, and have endeavored to work collaboratively to address needs and issues for this client group. The mandate of the collaboration was clearly defined. The ACSADV was an interorganizational collaboration initiative striving to:

- Coordinate sexual assault and domestic violence services and resources,
- Identify gaps in services and advocate for resources,
- Raise public awareness of sexual assault and domestic violence,
- Provide orientation and training for service providers, and
- Facilitate community consultation regarding new services and programs.

The guiding principles were to offer clients safety, accountability, choices and options, anti-oppression and anti-racism, accessibility, prevention and early intervention, commitment, and of course, collaboration.

Since initiating the collaborative efforts in 2003, the members of the ACSADV worked tirelessly to increase integration of services for sexual assault and domestic violence and to create increased awareness in the community about the services provided by the agencies represented on the committee. They created and disseminated a resource guide that provided information about the services each agency offered to those who are struggling with sexual assault/domestic violence. They also designed cards and bookmarks, listing emergency phone numbers for their services.

The ACSADV formed three subcommittees in order to meet its mandate: the services subcommittee, the public awareness subcommittee, and the protocol subcommittee. The services subcommittee was responsible to identify gaps in services in the community and work with all community stakeholders to address these outstanding needs. In 2006, the services subcommittee completed a needs assessment project around services for childhood sexual abuse and has continued to work to address those needs with community stakeholders. The public awareness subcommittee was charged with educating members of the community about the realities of sexual assault/domestic violence. The primary focus of the public awareness subcommittee was to promote an educational campaign (“Neighbours, Friends and Families”) to help community members recognize the warning signs of woman abuse, provide effective support to a neighbor, friend or family member who is experiencing abuse, and to increase knowledge around local services available to support women who are in abusive relationships. Lastly, the protocol subcommittee was charged with creating a standardized first response for those who experience sexual assault/domestic violence to be followed by all the agencies in the collaboration in order to ensure that women and children fleeing abuse receive a standard level of service regardless of where they seek help.

The Problem: Futile Collaboration

Although the ACSADV continued to emphasize community collaboration as central to its work, this guiding principle seemed to work much better in theory than in actual practices. For example, the ACSADV decided that all member agencies should train their staff on the “Neighbours, Friends, and Families” public education campaign. However, although the training sessions were made available to all member organizations, their level of participation varied widely: while some agencies had trained all employees on the campaign, some had trained only the representative who sat on the committee and others had not made any effort to become familiar with the “Neighbours, Friends, and Families” educational material.

Another example is the Community Response Protocol. Touted as a signed collaborative agreement between the managers of all member agencies, it specified their commitment to a streamlined first response for individuals who experience sexual assault/domestic violence. In 2007 and 2008, the committee spent time training all staff at each member agency on their role as it related to Community Response Protocol; however, by the beginning of 2009 it became clear that the protocol subcommittee needed to do a great deal of work before the protocol could

reach its aim to establish a common first response to individuals who experience sexual assault/domestic violence.

Despite the training provided by the ACSADV, there remained a great deal of confusion around how the Community Response Protocol ought to be implemented. Many front line staff members stated that they were uncomfortable administering with clients the first response checklist, which was the essence of the protocol. Thus they referred clients who presented with issues related to sexual assault/domestic violence to Women's Crisis Services, a member agency that is viewed by the community as an expert in the field, without taking the time to first offer clients an initial screening for lethality risk and immediate emotional support, as outlined in the protocol. Members of the protocol subcommittee were concerned that several agencies were not utilizing the protocol, or had not been properly trained in using the screening checklist, negating its potential to facilitate appropriate responses and referrals to meet clients' needs.

To address these challenges, the subcommittee requested that staff at all of the organizations making up the ACSADV complete an online survey to determine whether staff used the protocol, and if so how they used it. Follow-up questions explored the reasons why staff did not use the protocol, with the intention of applying this knowledge to the revision of the protocol in a way that eliminates some of the barriers for its use. Despite several calls for feedback, only a few staff representing a handful of organizations completed the survey. The collaboration did not seem to be working well in any other initiatives of the ACSADV either, questioning the viability and value of the ACSADV collaboration to both the community and the clients.

Is Cooperation an Effective Form of Collaboration for the ACSADV?

Recall that the ACSADV was formed in order to promote increasing collaboration and integration of services in this community. However, there was lack of connection between the decisions made collaboratively at the ACSADV meetings and the practices at individual agencies making up the committee. The staff at some agencies fully implemented the committee's decisions, while the staff at others seemed unaware of, or confused about, their role in implementing those decisions. Others still were indifferent to their responsibility to implement the ACSADV's initiatives. Thus, the functionality of the Community Response Protocol and the ACSADV was greatly limited.

In exploring possible causes and antecedents to the challenges faced by members of the ACSADV, it was apparent that there were some agencies who took a lead role in the work of the committee. Women's Crisis Services, the Hospital's Sexual Assault Care and Treatment Centre, and the Police were three of these. These organizations had more representatives on subcommittees and were most active in implementing the decisions of the committee. While there were very active representatives on the committee from other agencies, the organizations they represented seemed far less enthusiastic about the implementation of the ACSADV's initiatives. Some representatives were often absent from meetings or offered little to no input in decision making. Moreover, one powerful organization, Women's Crisis Services, had a clear vision of the Community Response Protocol and was advocating strongly for its own individual vision to be realized, without consideration of the ideas and opinions of other member organizations.

The organizational characteristics of member agencies involved in the ACSADV may offer some explanation for why there were such varying levels of commitment to the Community Response Protocol. Some committee members were individuals who had a personal vested interest in preventing sexual assault/domestic violence; as such, they did not necessarily represent the wider view of their agencies. Other committee members who seemed entirely disinterested in working on the ACSADV may have been delegated this responsibility by employers who sought to increase their organization's reputation. It is also possible that these representatives cared about the work of the ACSADV, but didn't offer their input because they thought that their organizations were too small for their ideas or opinions to be considered relevant. Playing an active role in the collaboration was not easy for the representatives of small organizations who felt that their ideas and opinions were overshadowed by those of larger organizations who ignored them. Similarly, representatives of organizations with limited expertise in serving victims of sexual assault/domestic violence may have thought that the ideas of those with more expertise in this field should not be challenged. Those who truly wanted to contribute might have been challenged by the power that a larger expert organization holds in influencing committee members to agree with their ideas and views. As a result of being stuck in these positions, one way the representatives of less powerful organizations could maintain control was by not following through with decisions that didn't take into consideration their opinions or ideas.

With regard to the Community Response Protocol, it became clear that organizations with limited involvement in the field of violence against women felt less adequate or uncomfortable providing input than agencies who specifically served women experiencing sexual assault/domestic violence. Moreover, the representatives of these "expert" agencies, particularly Women's Crisis Services, exploited these feelings to align the ACSADV's mandate with their vision of the collaboration, instead of creating a unified vision that reflected an inclusive representation of each member agency's goals and ideas. This was strikingly evident in the text of the Community Response Protocol, which outlined in great detail the role of Women's Crisis Services, the local Police, and Family and Children's Services, while paying little attention to the roles of the remaining 18 agencies who served on the ACSADV.

Considering all these issues, there is a case to be made that the ACSADV was not doing collaboration well, if at all. There seemed to be a lack of shared understanding among organizations of what collaboration meant in the context of the ACSADV. It was also evident that power and politics made it challenging for each member organization to have an equal voice in the work of the committee, and that client service was suffering as a result. On the surface, this appears to be a case of inter-organizational collaboration gone awry. However, the commitment of each organization to continue to try and work together despite the challenges indicates that there is an opportunity to ameliorate the situation and improve collaboration. What are the hard conversations that need to happen in order to make this collaboration work? Moreover, what practical steps must the organizations making up the ACSADV take to become a unified and ultimately more effective collaboration?