COMMUNITY TOOL BOX

1. Creating and Maintaining Partnerships

(http://ctb.ku.edu)

This toolkit provides guidance for creating a partnership among different organizations to address a common goal.

Outline (http://ctb.ku.edu#undefined)   **Examples** (http://ctb.ku.edu#undefined)

Example 1: Unemployment and The North Quabbin Community Coalition (http://ctb.ku.edu#exampleOne)

BACKGROUND: THE NEED

The North Quabbin area of central Massachusetts comprises nine towns with a total population of under 25,000. While several are picture-perfect, white clapboard New England villages, three are industrial - mill towns from which the mills are in the process of disappearing. Athol, the largest, was also, in 1984 as now, the region's commercial hub, with the largest employers, the only local hospital, most of the shopping options, the YMCA, and the regional Chamber of Commerce.

By the 1980's, the area had been losing its traditional base of employment - machine tool and shoe factories - for several years. It was in a part of the state that was sparsely populated and regularly ignored in Boston, where policy was made and funds allocated. In addition, although the nine towns operated as a coherent region - most residents of the nine towns did their grocery shopping in Athol and Orange, for instance - they were divided between two counties and among as many as three different state representatives and two state senators.

In 1984, the North Quabbin area had one of the highest unemployment rates in the state. A strike had precipitated the closing of one of the largest employers in Athol, and the loss of over 300 jobs had proved devastating. After two medical students dispatched by the Area Health Education Centers (AHEC) reported that the region was on the verge of a serious increase in hunger and homelessness, Tom Wolff, a community psychologist, was hired by AHEC's director to try to start a coalition to address the North Quabbin's situation.

THE CORE GROUP:

Tom came equipped with experience working with communities and a short list of people in the area who might be helpful. He eventually assembled a Steering Committee of community people that was small, but influential. It included the President of the Athol-Orange Area (now North Quabbin) Chamber of Commerce; the Director of Athol Memorial Hospital; the Executive Director of the Human Resource Center, the local mental health agency; and one of the region's state representatives.

"We decided to take the summer to plan, and to try to hold a meeting in the fall," Tom explains. "We got the Chamber of Commerce involved because it was an economic development issue, and also because the President, a banker, had been a both a minister and a human service worker. The hospital was one of the area's largest employers, and the Human Resource Center was the biggest of the agencies. It was an obvious group to work with."

THE MISSION:

The Steering Committee developed a list of goals for the Coalition (later approved by the Coalition as a whole):

- To develop a planning body for health and human services for the area.
- To promote greater cooperation among all agencies delivering services to the nine towns.
- To collaboratively solve problems regarding the major local health and human service issues.
- To develop an advocacy capacity to lobby for appropriate services for the area.
- To provide information to community providers and residents to increase accessibility and visibility of available services.
- To monitor successful implementation of plans developed by the Coalition.

The Steering Committee also adopted a set of guidelines for reaching these goals.

- All decision-making and problem solving should be collaborative, so that everyone would buy into Coalition initiatives.
- The Coalition should follow the rules of group process, which included having a defined leader or facilitator; clear goals; capacity to focus on its own process; respect for all contributions; and encouragement of participation.
- Addressing any issue should begin from the assumption that the community often already has some or all of the resources to solve the problem. Resources should be sought from within the community before anyone begins to look outside.
- The membership should be open to anyone who wanted to join, and should include line staff as well as directors of health and human service agencies, and broad representation from the community.
- The Coalition should take an "ecological" approach to individuals and problems, considering the whole context of an issue or an individual's life, and not limiting either through the narrow focus of a single agency's point of view.

THE FIRST MEETING:

The first meeting of the Coalition was held at the Knights of Columbus hall in Orange, and it was packed. All the legislators were there, representatives of all the health and human service organizations, members of the Chamber, clergy, local officials ... almost everyone who had been invited.

Tom facilitated the meeting for several reasons: First, he was a neutral presence, with no connection to any of the agencies or other entities represented at the meeting, and therefore carried with him no negative history. Second, he had had experience working in communities and bringing groups together. Third, he was an expert facilitator, with the skills to make sure everyone was heard, to keep the meeting from being derailed by individual agendas or old conflicts, and to see that the group accomplished something substantive. And finally, AHEC had sent him into the area to bring the coalition together: it was part of his job.

Community history didn't bode well for collaboration. "The human service agencies never talked to each other, and didn't really interact with other parts of the community," recalls Tom. "Just getting everyone in the same room was an accomplishment. Then they started to talk about what they saw as the issues, and found they had all kinds of experience in common. It all really started at that first meeting."

The immediate agenda, set by the core group, was to define the issues the Coalition would address. Nearly everyone spoke, and all spoke of a community with a negative self-image, few employment opportunities, emerging homelessness, and an across-the-board lack of information. Agencies didn't know what others did or who they served, people who might use agency services often didn't know they existed, and the community had no idea what was available.

By the end of the meeting, it was clear that, at the very least, agencies needed to share information, and needed a way to get information out to the community. The group set a next meeting, agreeing to meet monthly, and to continue to recruit members. Tom announced the time and place of the next Steering Committee meeting, and made it clear that anyone interested was welcome to join.

"One of the most important things that came out of that first meeting was that people who had never talked to each other were talking. Even at the first meeting, connections were being made that hadn't been made before, and agencies that had never worked together were starting to see ways they could cooperate. There were mammoth turf issues and defensiveness, and those didn't go away all at once. But at least there was some conversation going on."

DEFINING ISSUES AND DEVELOPING WAYS TO WORK TOGETHER:

As the Coalition continued to meet, people started addressing the approved goals and the issues that arose from the first meeting. An Information and Referral Task Force was formed at the second meeting, and began to explore ways to set up a local Information & Referral service. A

group constituted itself early on as the Planning Committee, and developed and distributed a survey, asking Coalition members where they wanted the community to be in ten years, and how they thought it could get there. The Steering Committee and legislators began working together on advocacy for more resources for the area, helped by some of Tom's and others' connections in the state bureaucracy.

Coalition meetings themselves took the form of information-sharing and problem-solving sessions. When problems were identified, task forces formed to address them, and there was an effort to involve everyone with any connection to the problem. Specific problems were analyzed so that they could be approached by all the concerned organizations and entities working together, and inter-agency cooperation became far more common. The mere existence of the Coalition had begun to solve one of the biggest problems originally identified by the medical students when they came to the area: a lack of coordination among agencies in delivering services and dealing with the area's larger issues.

The Steering Committee was also changing, with more members beginning to attend meetings and some of the original members dropping off. By the end of the year, only Tom and two of the other original members remained: the rest were Coalition members who, as had been hoped, had started attending and ended up joining the Committee.

Halfway through the year, a combination of the Coalition's advocacy efforts and the designation of the area as an economic target brought the Governor to Athol. Tom and other members of the Steering Committee were able to speak with him, and to gain some promises of increased resources for area human services. Unlike many of such promises, these were kept, and the Coalition had a solid accomplishment under its belt.

By the end of the first year, the Coalition could point to funding for an Information & Referral service, awarded, after some fairly nasty infighting among agencies, to a grassroots organization that had already been doing it on a small scale. More state money had been directed to the area, and local agencies were beginning not only to deliver more services, but to reach out to the community more. Agencies were collaborating on programs, and there was talk of case coordination for individuals involved with several different organizations.

At that point, Tom offered to leave and turn the Coalition facilitation and coordination over to the community. Coalition members refused the offer, feeling that a neutral facilitator remained a necessity. (Over time, an assistant was hired, who ultimately became a paid coordinator. That position remains, and the Coordinator provides most of the leadership and administration for the group. Tom continues to be involved with the Coalition, attending meetings from time to time and acting as a resource for the Coordinator and the Coalition as a whole.)

The Coalition marked the end of its first year with a luncheon, with much to celebrate. Monthly meetings were attracting between 25 and 40 people, and they weren't the same people at every meeting. By the end of the year, more than 90 individuals had participated in Coalition activities,

many of them devoting many hours to task forces and advocacy efforts as well as meetings. The North Quabbin Community Coalition was off and running.

TODAY:

More than 17 years later, the Coalition continues to flourish, and to successfully address issues in the North Quabbin area. Task forces on child sexual assault, teen pregnancy, and youth development have spun off into successful, independent programs. The North Quabbin Coalition became the model for several others around the state, all of which are still going concerns.

The success of the Coalition rests on its beginnings. It filled a need, but it would not have been effective - and would not have lasted - if it hadn't started with a vision and inclusiveness that fostered trust among members and led to substantive achievement.

Example 2: EQUAL Members Collaborate for Long-Term Community Change (http://ctb.ku.edu#exampleTwo)

Example 3: Project Example: AbilityLinks Increases Employment for People with Disabilities (http://ctb.ku.edu#exampleThree)

Example 4: Conferences Unite Communities to Raise Women's Awareness of Smoking Risks (http://ctb.ku.edu#exampleFour)

Example 5: Zawtar El-Charkiyeh-American University of Beirut Partnership (http://ctb.ku.edu#exampleFive)

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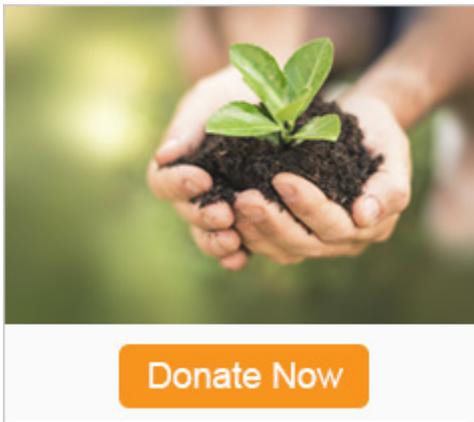
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