Implementing Community Partnerships:
Nonprofit Issues, Constraints, and Adaptations

Elizabeth A. Mulroy, Ph.D.
School of Social Work, University of Maryland
525 West Redwood St.
Baltimore, MD 21201
410-706-7645
E-mail: emulroy@ssw.umaryland.edu

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According to Salamon (1999), the Third Sector in America is at a critical juncture, and the sustainability of civil society sectors should not be taken for granted. One strategy recommended by Salamon (1999) and others (Naparstek & Dooley, 1997; Smale, 1993; Kretzmann & McKnight, 1993) is to use multi-sector, interorganizational collaborations as a means through which nonprofit organizations (NPOs) can better respond to societal needs. However, this paper will argue that when societal needs are addressed on the local level—a policy goal of decentralization and devolution (Smith & Lipsky, 1993)—policy implementation through multi-sector partnerships takes place in a community context about which little is known. When ecological social justice and redistributive policies are at issue—such as those concerning sub-standard living conditions, child abuse and neglect, gang violence, or drug abuse in poverty neighborhoods—community characteristics themselves may pose intervening conditions that constrain partnership formation and sustainability (Mulroy, 1997; Jansson, 1994).

Policy makers continue to charge NPOs with leadership roles for community building through partnerships, therefore we need to know more about the processes of implementing social policies in very low-income communities. This paper will pose the following questions: What issues in the
community context pose constraints for a community partnership? To what extent is the implementation process constrained? Do participant organizations, make adaptations, and with what effect? The paper presents findings from a study of interorganizational collaboration among seven NPOs in Boston, Massachusetts, USA as a case example. The organizations came together in 1990 under the auspices of a five-year federal demonstration grant with the goal of reducing child abuse and neglect in one of Boston’s lowest income neighborhoods (Mulroy, 1997; Mulroy & Shay, 1997; Mulroy & Shay, 1998). The original partners continue to collaborate today in an expanded interorganizational relationship that now includes 23 partner organizations.

**Community as a Factor in Social Policy Implementation**

Classic studies in the implementation of public policies, drawn largely from public administration and political science disciplines, have pointed out the many problems encountered by government agencies at all levels after a policy becomes law (Bardach, 1980; Pressman & Wildavsky, 1973; Derthick, 1972; Marris & Rein, 1967). Relevance of the local community context as a factor in social policy implementation grew in importance recently as the New Federalism principles of devolution and privatization took hold (Wolch, 1990). Jansson (1994) argued that the community context is the political economy. Key factors include: external policies of disinvestment and privatization; reduced federal funding for domestic social programs; and complexities of the local political environment (Jansson, 1994, p. 116).

Under policies of the New Federalism a half-century of federal aid to cities was reversed. Dreier (1989) found that as the consequences of urban restructuring were taking effect, the Reagan/Bush administrations did not develop federal legislation to ease the social and economic
dislocation associated with substantial shifts in capital and population. Resources were shifted away from social spending. Federal responsibility for social programs devolved to state governments and program implementation was privatized to the for-profit and nonprofit sectors.

In the 1980s as the impacts of the New Federalism became clearer on health, mental health, and human services, a shifting role was observed for social service NPOs. They were following the money and developing a vendor relationship with the state through contracting and purchase of services (Smith & Lipsky, 1993; Wolch, 1990; Ostrander, 1989). According to Ferris (1993), the impact of social service contracting involved advantages for government that minimized threats to public accountability by utilizing trustworthy, experienced, flexible nonprofits, vs. potential loss of autonomy for the NPOs through resource dependence on government contracts. However, Wolch (1990) contends that public sector contracting with NPOs created a governmental “shadow state” that posed multiple dilemmas for NPO autonomy: 1) a deepening mutual dependency that could reduce voluntary organizations’ ability to be critical of the state; 2) an unwillingness to fund organizations whose goals different from the state’s own central purpose; 3) a state requirement for efficiency and accountability that could concentrate money in larger organizations and exacerbate maldistribution of voluntary efforts, since poor areas are less apt to have expected community-based expertise; and 4) a conservative political regime could require “ideologically correct” missions in order to get funds either directly or indirectly.

As the effects of the New Federalism were learned and information disseminated an additional body of research from urban planning and social work pointed to emerging demographic changes in older cities. An increased spatial concentration of the urban poor was observed in declining sections of older industrial cities (Jargowsky & Bane, 1990; Hughes, 1989). Coulton and Pandey (1991)
suggested there was growing empirical evidence that living in homogeneously poor neighborhoods could have negative effects on residents: excessive rates of death, low birth weight, depression, child abuse and neglect, substance abuse, and teen pregnancy. There was growing concern that more poor people were living in isolated deprivation of concentrated poverty; that their neighborhood environments had been getting worse; and that residents’ life chances for mobility to geographic areas of opportunity were diminishing.

After experiencing 30 years of failed social experiments to reduce poverty and eliminate urban decay, a variety of federal agencies once again launched demonstration grants to revitalize poverty neighborhoods and improve the life chances of local residents. A common stipulation for funding was the formation of interorganizational partnerships at the local level and movement toward resident empowerment (HUD Empowerment Zone Application, 1998). NPOs were expected to take a lead role (Clinton, 1995). This time the emphasis was on a bottom-up, community building approach instead of the top-down bureaucratic model of past failed efforts.

A decade earlier, Vosburgh and Perlmutter (1984) pointed out the limitations of demonstration projects because of their policy context. These included: a shortened time frame; characteristics of attempted innovation under controls; being surrounded by politics; and going through the processes of organizational evolution as they are simultaneously attempting to build a complex, multi-program, community-based service network. Studies are needed that examine the implications of Vosburgh and Perlmutter’s findings within the new community building framework.

While organizational theorists have traditionally focused on internal processes of single NPOs (Herman & Renz, 1998), interorganizational coordination has received less attention. Rogers and Whetten (1982) recommended multilevel models of analysis of interorganizational coordination and
partnership formation that would include characteristics of: 1) the demographics of larger communities, 2) the service network, and 3) interpersonal linkages. Whetten pointed out that very little attention had been given to the community context of interorganizational coordination. Partnership formation within the constraints of the current political economy requires an examination of the effects of external factors on multiple-agency behavior in the community context. This paper attempts to help fill that gap.

**The Demonstration Grant to Prevent Child Maltreatment**

*Background*

Selected NPOs received a federal demonstration grant to develop a model to prevent child abuse and neglect in a low-income neighborhood of Boston, Mass. The funders expected innovation in the project that would redirect child maltreatment services from large-scale public bureaucracies under scrutiny for failing to adequately protect children to community-based, prevention approaches (Advisory Board on Child Abuse and Neglect, 1991). The project, called CARES, developed a complex neighborhood service network of complementary programs that are described elsewhere (Mulroy, 1997; Mulroy & Shay, 1997; Mulroy & Shay, 1998).

The characteristics of the seven participating agencies identify all as NPOs, but they were diverse in age and size. They included the central office of a federation of settlement houses and three of its affiliates, a large Family Services Agency, a health center, and a child abuse prevention advocacy organization. The NPOs ranged in size from the federation’s central office with a $11.3 million annual budget to a small settlement house with a $300,000 budget. Five of the agencies had a local neighborhood geographic scope and community resident Boards of Directors while two had
regional scopes, area-wide Boards of Directors, and national affiliations. Nonetheless, there were shared values and a common purpose embedded in all of the agencies’ mission statements to enhance the well-being of children and families (Mulroy & Shay, 1998).

The demonstration project was institutionalized into its target neighborhood during the five-year funding cycle, and an adapted model was replicated in two other poverty neighborhoods. All sites continue to serve their respective constituencies five years after the demonstration phase terminated.

The Study

Findings are based on a 27-month field study that used direct observation (Glazer & Strauss, 1987; Strauss & Corbin, 1990) to study the operational processes of adaptation to external stressors. Fifty-six in-depth personal interviews were conducted and 48 meetings were observed during the study period. Interviews were conducted with all seven collaborative agency Executive Directors, Project staff, key informant front line workers, and highly involved resident consumers to get a balance of perspectives. Five years of agency annual reports from the seven participating agencies were reviewed, as were all demonstration project’s quarterly reports to the federal government under the department of Health and Human Services, public relations materials, U.S. Census documents, empirical research on child maltreatment, meeting agendas, meeting summaries, and interorganizational communications.

Data were collected and analyzed in three phases consistent with grounded theory techniques (Strauss & Corbin, 1990). Sampling narrowed in the second and third phases. Meetings and interviews were audiotaped, transcribed, and analyzed. Multiple reviewers examined the data, recoded, and reanalyzed. Confirmability of findings was tested through triangulation and informant feedback (Miles & Huberman, 1994).
Stressors in the Political Economy

Findings suggest that there were five key issues, or stressors in the community context that were problematic for partnership formation and sustainability. These were: funding uncertainties, the contracting and purchase-of-service culture, conflicting public child welfare policies, characteristics of federal demonstration grant requirements, and shifting demographic and neighborhood needs.

Funding Uncertainties

The decline in federal social spending during the decade of the 1980s created a tense environment of funding uncertainty among local health and human service agencies throughout the city. Executive Directors of the seven CARES partner agencies were juggling the effects of downsizing that included program cutbacks, layoffs, mergers, and acquisitions. Tensions were high as managers attempted to implement these organizational changes in a turbulent urban funding environment (Gummer, 1990) while also building new external inter-organizational relationships to increase resources though CARES and other partnerships.

The $1 million federal grant over five years was budgeted for administrative infrastructure and key staff salaries; CARES partnership then sought multiple funding streams to fund each of the new program elements as they were developed in the services network. However, in operation there was nonalignment among these funding sources that generated task complexity and a need for flexible administrative structures for frontline operations. For example, each funding source (public and philanthropic) had its own short time line; regulations, reporting and evaluation requirements; and expected outcomes. Then as these program-funding streams were cutback or concluded so were the staff positions and activities each of the grants funded. This caused constant funding uncertainty and resulted in 1) an inability to plan programs beyond one year, and 2) an unevenness in delivering
services that required worker continuity and time-sensitive interventions, 3) a product for the local community that deviated from what was promised in the original grant proposal, and 4) a need for constant grant writing to sustain the implementation of frontline programs.

**Public Sector Contracting**

Prior to formation of the CARES partnership the effects of fiscal cutbacks motivated some of the large child and family agencies to develop close vendor relationships with the State Department of Social Services (DSS), the public child welfare agency. One of these was a CARES partner, the family services agency. DSS was seen by NPOs as a pass-through for distribution of federal dollars earmarked for child welfare purposes, and was the major source of funding for programs related to children and families in the state. In an environment of scarce resources, virtually all nonprofit social agencies in the state, irrespective of technology or purpose, sought these funds.

DSS had privatized much of its child protective services investigation, monitoring, and treatment functions with two effects. First, NPOs that had compatible child welfare service philosophies with the state were recipients of large grants and contracts (one was for $1.2 million for 18 months), while small community-based organizations (CBOs) such as settlement houses that did not have the same service philosophy but still served children and families through alternative, preventive programs received smaller service grants such as child care slots. Second, in the tight fiscal environment, receipt of any type of contract from the state to perform a public purpose served to increase dependence of both types of nonprofits on the state. However, large child and family agencies that contracted to perform the state’s child welfare functions became aligned with the principles and practices of the child protective services status quo. As one agency director said, “We know what the state wants.”
Conflicting Public Child Welfare Policies

The CARES demonstration project was federally mandated to create a new, innovative, community-based prevention alternative that was introduced as the state child welfare agencies and vendor NPOs continued to operate the traditional system. Thus, from its inception, the formation of a multi-sector, interorganizational collaboration was politically problematic. The CARES mandate challenged the intervention philosophy of the status quo and threatened middle managers and social workers in DSS and in the vendor NPOs.

The CARES partnership was a new prevention initiative with a goal of neighborhood and family strengthening to prevent child abuse referrals to the state in the first place, thus pitting the partnership’s community-based demonstration against the entrenched, top-down traditional intervention child welfare paradigm. Both the intervention and prevention approaches to child welfare emanated from federal policy. They demonstrate an evolution in philosophy regarding the social care and protection of vulnerable children and directional change in federal responsibility.

The public child welfare system, enabled by the Child Welfare and Adoption Assistance Act of 1980, uses out-of-home placements as public responses to the problem of parental/family abuse and neglect of children. Over the past three decades public and nonprofit child welfare professionals created knowledge-based technologies and therapeutic techniques to treat alleged problem/dysfunctional families after they were clients inside the child welfare system. The existing system was declared an after-the-fact service failure and child abuse and neglect a national emergency (U.S. Advisory Board on Child Abuse and Neglect, 1991).

Federal Demonstration Requirements
The demonstration model posed numerous challenges in time frame, structure, organizational development, and process. First, the five-year time line speeded up community building activities that usually take far longer to initiate so that community and resident buy-in and civic participation can remain priorities. Second, the inherent top-down structure of a federal demonstration project injected the CARES initiative directly into the community, rather than having the opportunity to observe local protocol for a community building activity and be invited in (Ife, 1996). Third, the development of an interorganizational collaboration had to evolve over time; it intentionally started small so that participant managers could learn to collaborate and focus on administrative procedures that would ensure five-year, short term success while simultaneously building the neighborhood service network. This approach confirms Vosburgh and Perlmutter’s (1984) findings that demonstrations pose their own constraints because of their shortened time frames and characteristics.

**Families in Concentrated Poverty**

Unlike previous decades, families participating in community-based activities in the Boston neighborhood served by CARES presented multiple unmet needs in addition to very low incomes and high incidence of child abuse and neglect: substance abuse, homelessness, and mental illness -- all requiring a range of service responses beyond the scope of any one agency.

From 1960 to 1990 Census data confirm that the target geographic area experienced new waves of immigration and “white flight” that helped to transform the demographics of the community from a white to a multi-ethnic, multi-cultural, and multi-lingual population. Census data show that by 1990 only 21 percent of area residents were white, 51 percent African American, and 20 percent Hispanic. Fifty one percent of all families were headed by a single parent. Moreover, problems of
substance abuse, crime, infant mortality, depression, and increasing violence pervaded the area (Earls, McGuire, & Shay, 1994).

**Constraints on the Collaboration**

The confluence of these external stressors posed five constraints on the CARES partnership: a competition among the seven member agencies for public DSS contracts; competition for public recognition; concern for attainment of measurable outcomes in a time-limited project; community-based agency legitimacy; and a clash of technologies with the professional community regarding employee competencies necessary to do community work.

**Competition for Scarce Resources**

*Relationship With the State.* The decade-long competition for scarce social program funds, compounded by the competition generated by the privatization of social services made six agency partners wary of the potential imbalance of power wielded by the large Family Service agency. The key issue was the agency’s close relationship with the state. Small CBOs and the small sponsoring advocacy agency feared domination by the large family service agency because of its alignment with DSS as an efficient service contractor to implement status quo goals (Smith & Lipsky, 1993). In contrast, the role of the advocacy agency was to perform a monitoring watchdog function of DSS effectiveness and ineffectiveness, then to advocate for systemic changes in child welfare through the courts, in the state legislature, and in the U.S. Congress as necessary.

*Loss of Autonomy.* None of the seven partner agencies, including the family service agency, wanted to diminish any autonomy it had, and early stages of the collaborative process offered undefined benefits. But external public funding policies, procedures, and practices offered disincentives. First, while the state awarded incentive “points” to proposals that were submitted by
interorganizational collaborations, the dollar amount was the same whether one agency or seven applied. Second, grants and contracts were being increasingly targeted to low-income geographic communities rather than to programs in NPOs. CBOs believed that when neighborhood-based agencies received funding in one round they were passed over in future rounds so the state could disperse its resources equitably across the state. Managers of CBOs perceived that agencies without a local neighborhood focus-- as in large, region-serving family service agencies--appeared to receive more state funds because they developed a portable model of care they could bring into any poor community as an outreach service. This approach could ultimately benefit a wide range of residents in need, but the community-based agencies wanted to strengthen not weaken their own model of family support services, formed on the bedrock of commitment to a particular low-income community and its families. Third, those without close ties to the state believed that those with close ties cut side deals with the large state funding agencies that served to increase their power and influence with public funders. In sum, the struggle to retain individual agency autonomy and power in this partnership threatened the culture of trust that was necessary to make decisions collaboratively, because to collaborate required the giving up of some autonomy in order to share power. This confirmed Wolch’s (1990) prediction of the importance of community-based agency autonomy and the reasons it is threatened by the way in which privatization and contracting can operate.

**Competition for Recognition**

Agency executives expected public recognition for their efforts, and when this did not happen in one instance serious problems of trust emerged. Participation in the partnership involved moderate to high investment of time by agency executives and a commitment to use their agency resources. In
return, executives and their Boards wanted equal public recognition as a reward for these investments (Mulroy & Shay, 1998). One public relations media story in the city’s largest newspaper gave print coverage to some but not all executives and omitted the names of some participating agencies. The press release giving proper credit to all participants was submitted but a newspaper editor revised the story. This created a serious strain in relations as those whose names and agencies did not get publicly recognized suspected others of deliberate omission.

**Uncertainty of Outcomes**

Once operating in the target neighborhood it became clear to managers and program staff that neighborhood conditions of increasing crime and violence and families with multiple unmet needs posed methodological problems in the measurement of outcomes. How could success of the prevention approach in the short term of the demonstration be measured when positive neighborhood change and family strengthening required development of complex new measurement instruments and longitudinal assessment? There were neither the organizational capacity, technical skills, nor budget allocated to do this, yet project evaluation of what participants believed was a successful demonstration was important to them.

**Agency Legitimacy in the Neighborhood**

**Insider/Outsider Relationships.** One obstacle to collaboration was found to be the partner agencies’ relationship to the targeted low-income neighborhood. This issue was key to how neighborhood residents related to the partnership and its programs. Was it an “insider” agency— that is, community-based—physically located in the neighborhood with a consistent track record of service and accountability to area residents (Wolch, 1990)? Or was it an “outsider” agency that was not physically based in the target community though it had programs it offered in the community?
Residents conferred legitimacy to insider agencies, while outsider agencies had to earn it. Five of the CARES partner agencies were insiders while two were outsiders from “downtown.” This unevenness in community acceptance of partner agencies created turf issues and further threatened the culture of trust.

**Clash of Technologies for Child Maltreatment**

The multiple unmet needs of neighborhood residents brought a demand for multiple services. Resident preferences expanded the scope of activities to include basic needs for food, clothing, child care, substance abuse treatment, housing, education, English as a Second Language (ESL), health, and socialization. Some of these activities were beyond the scope of what was considered a family support approach to prevent child abuse and neglect. Some activities were preventive and others were interventive. This raised the question of what body of knowledge was required to understand these problems and who was qualified to deliver services in the community in the way the community wanted to receive them.

Frontline CBO staff and consumers were leery of “downtown experts” with a professional lingo and “attitude.” This behavior was considered disrespectful of very poor consumers and local paraprofessionals who felt they were undervalued because they were untrained, and therefore considered unknowledgeable and unskilled. This created a tension between those with professionally-derived academic knowledge and those with community-derived knowledge, or the expertise of “being there.”

**System Adaptations**

Data show that partner agency executives, their staff, and the demonstration project’s executive director made frequent and strategic adaptations in order to keep organizational development
moving forward. Adaptations were observed as clusters of political, technical, and interpersonal decisions or behaviors.

**Political**

The Steering Committee found ways to blunt the effects of turf issues through political and technical means. It reframed the issue by agreeing that neighborhood conditions and resident demand presented a situation in which no one agency could do it alone. This reconceptualization broadened the reach of services needed with two effects. First, it allowed for the development of a continuum of care designed in the public health model as primary, secondary, and tertiary services. Primary and secondary prevention-oriented activities such as the food pantry, clothing exchange, parent education classes, peer support mentoring group, and home health visiting provided by CBOs were appropriately augmented by tertiary interventions for home-based substance abuse treatment and mental health services provided by an “outsider” agency as an outreach program.

Second, the geographic scope of boundaries was scaled back so that the emerging complexity of interorganizational and interpersonal relationships could be attended to. Even though Steering Committee members and frontline workers were cooperative by nature, there were strong and aggressive personalities to be tempered, and this task took time. Collaboration in the community context was a learned behavior.

Third, the constraint posed by competition for scarce funding was never fully resolved, although administrative procedures were invented to cope with noncooperative practices. The family services agency had little incentive to participate in collaborative grant proposals; because of its alignment with state funding agencies it could potentially receive all the funding for itself. The state looked
favorably on giving one large agency a contract to perform many services because of administrative efficiencies and economies of scale, as Smith and Lipsky (1993) and Wolch (1990) predicted. When a near-breach occurred between the family service agency and the CBOs over the state funder issue several solutions were crafted.

- A cooling off period was tolerated in which the Executive Director of the family agency sent an alternate to CARES Steering Committee meetings.
- Off-site retreats and social occasions were planned that helped to forge social bonds.
- Clearer patterns of communication were developed that allowed executives to talk out conflicts, and in the end “agree to disagree.”
- A Memorandum of Agreement was drafted and signed by executive partners as a negotiated compromise. It established decision rules that if one agency alone applied and received funding that the partnership wanted to jointly apply for, that agency would “share ownership” of the product with all of the partner agencies. In effect, benefits that accrued to any one agency in the partnership accrue to all, at least in name, if not in substance.

Fourth, one initial activity in the community became the focus of all partner agencies’ attention so that its success could be shared and celebrated. This close proximity to residents on their own turf enhanced outsider executives’ appreciation and respect for very low-income residents as partners rather than clients and increased their understanding of residents as community experts. In sum, room was made at the decision table for all partner agencies in part because participants genuinely came to believe that no one agency could do it all.

*Technical*
While Steering Committee members confronted and attempted to find a balance in power relations, front line workers from each of the partner agencies--aware of funding tensions at the administrative level--learned to work together by “leaving politics at the office.” Nurses, psychologist, paraprofessionals, and educators found common bonds that transcended agency-bound conflicts by staying focused on helping families, and agreeing to cooperatively build the neighborhood service network “on the ground.”

The system was decentralized so these workers had the autonomy and authority to innovate. They organized themselves into five interdisciplinary teams--one for each program--them developed an overarching “Prevention Team” of representatives from each program in the network. This organizational structure, designed by frontline workers, brought them closer together with these effects: the service network operated efficiently; worker authority increased; families were better served; and horizontal linkages among neighborhood institutions were strengthened. This was followed by planned agency cross-trainings to increase awareness of the resources available at all partner agencies.

The success of operations sustained worker motivation in the face of task complexity and funding uncertainty in the unstable political environment. Front line workers had a common commitment to “repair the service failure” left by the traditional public child welfare system and they believed their approach was a genuine systemic reform. There was little interest in the political dynamics and conflict resolution efforts taking place at the administrative level. As one front line worker said, “Administrators need to come down here and get their hands dirty. They would get a kick of reality.” In response to the constraint concerning evaluation, the project manager developed good working relationships with university-based researchers who designed and began to carry out a
longitudinal outcome evaluation. A baseline study was completed, new neighborhood instruments were designed, and a four-wave quantitative study was planned with published preliminary results (Earls, McGuire, & Shay, 1993).

Finally, frontline workers in certain programs made adaptations over time in their own expectations for client outcomes. They learned that an elegantly written substance abuse grant proposal prepared for them by private consultants in a downtown high-rise could not meet its own goals and objectives when implemented in the distressed conditions of urban poverty. For example, one participant’s drug abuse could not be untangled from her substandard housing, her own depression, and the intense pressures and daily violence experienced by her young sons’ gang-related affiliations. Program workers scaled back their outcome expectations and revised their criteria for success. Workers came to appreciate that despite their own knowledge, commitment, and caring, they could not make a person sober. A parent could only make herself sober within the constraints of her own social and physical environments and life circumstances.

**Interpersonal**

In the end, partner agency executives and front line staff learned how to create an environment of tolerance in which different perspectives, talents, and individual capabilities could be appreciated and utilized (Mulroy & Shay, 1998). The facilitating factor that enabled these processes to occur was leadership direction from the full-time Project Manager. She was perceived to be a highly competent, neutral actor with entrepreneurial skills. Her interpersonal skills helped to build relationships that assembled a talented group of CARES participants who then helped build positive relationships for the project in the community and across the city.

The original seven agencies and most of their program staff remained involved throughout the
five-year demonstration period and continue to be involved today, largely because they developed a long-term commitment to the target neighborhood. They developed the capacity to work as a team and to learn when it was appropriate to take leadership and subordinate roles.

**Conclusion**

Implementing a community-based partnership in the rapidly changing conditions of urban poverty required both organizational and personal flexibility and adaptability. Organizationally, a community-based partnership may be far more complex in structure than is visually apparent. Participants of the CARES project perceived that it was one collaborative, but findings here suggest there were two distinct levels of collaborative activity--administration and frontline operations. Adaptive efficiencies (Alter & Hague, 1993) were facilitated by a consistent, decentralized approach applied to all aspects of project structure. For example, the partner agency executives worked as an inter-agency governing board and served a coordinating and leadership function at the administrative level. The operations level consisted of five grass-roots programs and each one operated as a multi-disciplinary, inter-agency collaborative team. The Prevention Team then served as an “umbrella” performing task integration functions. Over time, the system evolved into a holistic neighborhood network (Alter & Hague, 1993)

Lessons drawn from the CARES project suggest that nonprofit managers and front line workers who attempt to implement a neighborhood-based collaboration will need administrative skills, time, and resources to design, manage, and implement such complexity.

- They can expect to encounter threats from the political economy that require immediate and concerted action. Organizational flexibility is needed to negotiate administrative adaptations
and to support front line operations and its continuous need for task adjustment.

- Managers need to stay at the table during conflict, eschew rigidity, and provide institutional support to their front line workers who are not only serving clients but also forging collaborative alliances in chaotic environments.

- Personal adaptability is needed by all participants in order to learn how to work in inter-organizational teams and how to make the continuous adjustments in work processes. This demands self-awareness, a nonjudgmental attitude, and an ability to work with people you may not agree with.

- Implementing a community-based partnership means that adaptations are needed in political, technical, and interactional domains that influence and support each other.

- Values-clarifying skills are needed throughout the collaborative process to ensure that residents retain their “voice,” so that the equity goal of community-based endeavors is retained.
References


