Year after year, nonprofit human service providers experience mounting pressure to do more with less – manage more cases with fewer caseworkers, achieve higher standards of quality with less government and private sector support, improve client outcomes in broader communities with constant or diminishing resources. These challenges and others facing providers today are often bigger than any single agency or program, and they require a correspondingly multi-faceted solution. A formal collaborative structure can be a way for providers to respond to these challenges. However, many attempts to collaborate fail to achieve the expected results. In other cases, providers decide not to attempt collaboration, meaning that promising collaborative opportunities go unrealized.

Background

In 2005, The Forbes Funds commissioned a report called Service Clustering: Building Cohesive Public Service Capacity that described collaboration as a way to achieve greater efficiency through shared back-office or non-mission critical functions without reducing consumer choice. The researchers argued that collaboration could best be induced by focusing on providers that are geographically close together and that provide an overlapping set of services. According to the report, “It is easier to share, communicate, and collaborate with your neighbor than with an organization separated by distance.”

Though this idea is compelling, it has become clear in the years since the 2005 report that the identification of geographic clusters is not sufficient to inspire a host of new collaborations. Formal collaboration, the kind suggested in the past report and the focus of this work, remains a relatively rare phenomenon. Convinced that collaboration continues to promise greater efficiency and effectiveness when successfully implemented, The Forbes Funds revisited the topic this year, hoping to gain further insight into the factors that make collaboration successful and to identify additional clusters of providers that could provide the greatest potential for collaboration.

Research Abstract

Year after year, nonprofit human service providers experience mounting pressure to do more with less – manage more cases with fewer caseworkers, achieve higher standards of quality with less government and private sector support, improve client outcomes in broader communities with constant or diminishing resources. These challenges and others facing providers today are often bigger than any single agency or program, and they require a correspondingly multi-faceted solution. A formal collaborative structure can be a way for providers to respond to these challenges. However, many attempts to collaborate fail to achieve the expected results. In other cases, providers decide not to attempt collaboration, meaning that promising collaborative opportunities go unrealized.

Background

In 2005, The Forbes Funds commissioned a report called Service Clustering: Building Cohesive Public Service Capacity that described collaboration as a way to achieve greater efficiency through shared back-office or non-mission critical functions without reducing consumer choice. The researchers argued that collaboration could best be induced by focusing on providers that are geographically close together and that provide an overlapping set of services. According to the report, “It is easier to share, communicate, and collaborate with your neighbor than with an organization separated by distance.”

Though this idea is compelling, it has become clear in the years since the 2005 report that the identification of geographic clusters is not sufficient to inspire a host of new collaborations. Formal collaboration, the kind suggested in the past report and the focus of this work, remains a relatively rare phenomenon. Convinced that collaboration continues to promise greater efficiency and effectiveness when successfully implemented, The Forbes Funds revisited the topic this year, hoping to gain further insight into the factors that make collaboration successful and to identify additional clusters of providers that could provide the greatest potential for collaboration.
Assumptions and Definitions
The term “collaboration” is often used as a synonym for cooperation, coordination or partnership. However, collaboration is different from these other forms of working together, and has been the subject of numerous studies over the past several decades. The definition assumed throughout this report is provided below:

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.3

Similarly, the term “cluster” is applied to a variety of situations, and suffers from frequent misuse. In our work, clusters are groups of agencies, programs or people that share some common trait, such as geographical proximity or co-membership in an organization’s board of directors. This definition is broader than, but consistent with, Michael Porter’s concept of “industry clusters,” as well as definitions from other disciplines.4

Research Questions and Methods
The two critical issues that form the focus of this report are “What makes collaboration successful?” and “What groups or clusters of providers have the greatest potential for success?” Within our study group, we sought to address these issues by finding the answers to five related research questions, which are listed in Figure 1.

Our primary means for gathering answers to these questions were anecdotal evidence from focus group participants, responses to questions on collaboration in this year’s Campos Survey of Nonprofit Executives, a review of literature on successful collaboration, and cluster and network analyses of data from HumanServices.net and GuideStar.org. The complete details about each of these methods – including a full list of focus group participants, responses from the Campos survey, and additional outcomes from our analyses – are described in the full version of our research report.

Figure 1. To understand what makes collaboration work and which agencies are most likely to succeed, we used several research methods to address our five questions.

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Research Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUESTION 1</td>
<td>LITERATURE REVIEW</td>
</tr>
<tr>
<td>QUESTION 2</td>
<td>PROVIDER FOCUS GROUPS</td>
</tr>
<tr>
<td>QUESTION 3</td>
<td>CAMPOS SURVEY</td>
</tr>
<tr>
<td>QUESTION 4</td>
<td>NETWORK/CLUSTER ANALYSIS</td>
</tr>
<tr>
<td>QUESTION 5</td>
<td></td>
</tr>
</tbody>
</table>

The prior research assumed that geographical clusters identify a unique opportunity “to create synergies, increase productivity, and support economic advantages.”5 In the current research effort, we have expanded this assumption. Whether or not two providers will choose to take advantage of the value that collaboration offers is difficult to predict, but it is very likely that the decision involves much more than geographic proximity. Instead, we look to other research on collaboration to determine the factors that can be used to identify clusters of providers with the greatest likelihood to work together successfully.

Study Group Selection
To permit thorough analysis and produce actionable results, we began the research by selecting a study group of 364 providers. The selection process took into account a variety of factors, including the quality and availability of data, key priorities of both the United Way6 and the Allegheny Department of Human Services7, and our research team’s assessment of each group’s readiness for collaboration, as indicated by the frequency of past cooperation and coordination within the group.

6 From the United Way’s 2005-07 Community Needs Assessment, prepared by the University of Pittsburgh Office of Child Development.
7 As conveyed through discussions with Bob Stump, and in alignment with DHSS’s Integrated Children’s Services Plan.
Weighing these factors, we selected 92 agencies with at least one program that focused on workforce-related services for youth age 16 to 24. To complement this Youth Workforce system of providers, and again using the selection criteria described above, we identified an additional 272 agencies that focus on housing services and that have at least one program that serves youth age 16 to 24.

The 364 agencies, along with the 943 Youth Workforce and Youth Housing programs that they operate, were the primary focus of most of the analyses described in this report. The data for these agencies and programs was gathered from 3 Rivers Connect’s (3rc) HumanServices.net database, and with 3rc’s assistance, this data was manually filtered down to 58 agencies – the ‘key players’ in Youth Workforce and Youth Housing. Of these, 9 Youth Workforce agencies and 9 Youth Housing agencies attended separate focus group meetings on August 21st and 22nd to discuss barriers to and opportunities for collaboration. A total of 16 of the 58 agencies also attended a combined focus group on August 23rd, where the group explored opportunities for collaboration across the two systems. Lists of meeting invitees and participants, as well as an outline of the material covered during each focus group meeting, are included in our full research report.

Research Findings
Our research shows that opportunities for collaboration within our study group abound, but that transforming those opportunities into examples of successful collaboration is a difficult endeavor. The decision to engage in collaboration requires providers to weigh the potential benefits, including increased program effectiveness and operating efficiency, with the costs, including time invested by key staff, resources consumed in establishing and maintaining the effort, and the opportunity cost of dedicating these resources to collaboration rather than program activities. In some cases, the balance between costs and benefits can easily be tipped toward a justification of collaboration by an investment from providers or funders, while other situations might require greater investments or a deeper investigation of the short- and long-term benefits and costs that collaboration involves. With targeted assistance from funders and a continued strengthening of networks among providers, however, it is likely that Allegheny County will see more successful collaboration in the future, and that providers and their clients will benefit from the increases in efficiency and effectiveness that follow.

Question 1: What is collaboration, and how is it related to the concept of clusters?
Collaboration, as it is usually defined in research literature, is a link between two providers that involves not just occasional cooperation, but a formal structure for mutual responsibility and sharing of resources and rewards. If we want to encourage this relationship, we need to be able to identify situations in which it is likely to emerge and succeed. As suggested in the 2005 Tropman study, one way to do this is by looking at groups of providers that share some common traits. We refer to these groups as clusters, and we discuss which common traits are good ‘predictors’ of collaboration in our findings related to Question 4.

Question 2: What does it take to create and sustain successful collaborations?
Nonprofits can benefit from collaboration in a number of ways, yet the number of successful collaborations in Allegheny County remains low. To discover why successful collaboration is so rare, we first assembled a group of five providers that had been involved in recent, high-profile collaborations, inviting them to participate in the first of our focus groups – a discussion of lessons learned. Subsequently, we also gathered responses to this research question during our remaining three focus groups and through the Campos Nonprofit Executive Survey. The findings are summarized in Figure 2.

Question 3: What are the motivating factors that lead agencies to collaborate?
There are several reasons for collaboration, and knowing what motivates providers to collaborate is an important step towards fostering an increase in successful collaborations. If the perceived costs to providers outweigh the perceived benefits, it is unlikely that collaboration will occur. As such, there are two roles that funders and other agencies can play in order to increase the frequency of collaboration: they can either create new incentives for collaboration by decreasing the associated costs or increasing the associated benefits, or they can work to better inform providers of the true costs and benefits of collaboration, allowing providers to make better decisions about when and why to collaborate.
Figure 2. What does it take to create and sustain successful collaboration? Our research identified five key findings that together help organizations to define and achieve success in their collaboration.

**Question 2: What does it take to create and sustain successful collaborations?**

<table>
<thead>
<tr>
<th>Research Findings</th>
<th>Supporting Evidence</th>
</tr>
</thead>
</table>
| **F2.1** Making collaboration work involves overcoming ‘inertia’, which requires up-front investment. | ■ 60% said that some of their collaborations have failed.  
■ Lack of funds, staff, leadership are major barriers to success.  
■ Collaboration competes with other priorities for limited resources. |
| **F2.2** Funders underestimate the challenges involved in collaboration. | ■ When funders require it, collaboration might not be genuine.  
■ Some collaborations look good on paper, but don’t work in reality.  
■ Funders should circle back to see if collaborations succeed. |
| **F2.3** Awareness and trust among agencies are critical precursors to successful collaboration. | ■ Successful collaborations are built on strong existing relationships.  
■ Mutual understanding, respect, trust are top success factors.  
■ 25% said “lack of awareness of partners” was a major barrier. |
| **F2.4** The value of collaboration is not well understood by providers and their stakeholders. | ■ Funders seem focused on increased efficiency as value proposition.  
■ Successful providers haven’t expected or achieved cost reductions.  
■ Providers are motivated by ability to expand services, access funding. |
| **F2.5** To be successful, nonprofit leaders need training about collaboration tools and techniques. | ■ Providers don’t have consistent definition of the term “collaboration.”  
■ Of those who haven’t collaborated, 30% need more info on how  
■ “I thought I knew how to collaborate…but I need to learn more.” |

Sources: ★ Literature Review  ● Focus Groups  ▶ Campos Survey  ◀ Network/Cluster Analysis

However, in order to motivate providers toward successful collaboration, funders must strike a careful balance between creating healthy incentives that increase the benefits or decrease costs and establishing funding requirements or guidelines that simply promote the “appearance of collaboration.”

As grantmakers encourage or demand collaborative action on the part of their grantees, they receive one of two possible responses. The first, and apparently the most common response, is for the grantees to create the “appearance of collaboration”... 8

From our focus groups, it appears that providers are most commonly motivated by the ability of collaboration to expand the reach of their services to new populations or communities and by the ability to gain or retain access to funding sources. Funders, on the other hand, seem to place a greater emphasis on collaboration as a tool for reducing costs associated with overhead or back-office functions. To bring about more real collaboration, funders need to understand that increased programmatic reach is a powerful incentive for providers, and providers need to gain a more sophisticated appreciation of the potential benefits that collaboration entails, particularly as a way to reduce overhead associated with back-office functions.

Figure 3. What motivates providers to collaborate? It’s not as simple as past research suggests, and providers and funders might not agree on the incentives for collaboration.

**Question 3: What are the motivating factors that lead agencies to collaborate?**

<table>
<thead>
<tr>
<th>Research Findings</th>
<th>Supporting Evidence</th>
</tr>
</thead>
</table>
| **F3.1** Collaboration expands the reach of involved agencies to underserved locations or populations. | ■ Collaboration is the “result of a strategy that emphasizes partnership” as a way to increase your organization’s ability to achieve its mission.  
■ Collaboration is a way to overcome barriers to client success. |
| **F3.2** Collaboration improves operating efficiency by reducing overhead and focusing on core competencies. | ■ Common success stories involve sharing space, staff, other resources.  
■ This is the model that usually motivates private sector firms.  
■ This assumption was the basis of the 2005 Troppman Report. |
| **F3.3** External pressure from regulators, funders, and other stakeholders forces agencies to collaborate. | ■ “Real Collaboration...should not be inspired by a grant opportunity.”  
■ Providers suggest that collaboration is a common response to RFPs.  
■ Other stakeholders (e.g. school districts) are requiring collaboration. |

Sources: ★ Literature Review  ● Focus Groups  ▶ Campos Survey  ◀ Network/Cluster Analysis

Question 4: What kinds of clusters are the most meaningful 'predictors' of successful collaboration?

Returning to the idea that clusters can help us identify providers that have the greatest potential to develop successful collaborations, we focused first on defining the kinds of clusters that might be good 'predictors.' In the 2005 research report, geographic proximity, service overlap and similar missions were the bases upon which providers were analyzed and clusters identified.

However, while these factors may be important in some ways, we reviewed the literature on collaboration to come up with other, more promising ways of grouping providers that might better indicate an opportunity for collaboration. The common traits that form the bases for our clusters are described in Figure 4.

Question 5: What meaningful clusters are present in our study group?

The previous section suggests several types of clusters that should be examined in order to identify groups of providers that are most likely to benefit from collaboration. Although data availability is an issue that prevents some interesting and potentially valuable analyses, we were able to supplement the data in HumanServices.net with data purchased from GuideStar.org in order to complete the network and cluster analyses described in Figure 5. Since cluster analysis is a very technical process, this abstract presents only a high-level summary and does not describe the analytical techniques and tools used to complete these analyses.

Figure 4. What kinds of clusters are the most meaningful 'predictors' of success? To find groups of providers that are well-positioned to collaborate, we need to look beyond geographic proximity and mission-similarity.

<table>
<thead>
<tr>
<th>Research Findings</th>
<th>Supporting Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>F4.1 Clusters based on geographical proximity can be a proxy for other collaboration-supporting traits.</td>
<td>★ Co-location might mean similar clients and a shared collaboration vision.</td>
</tr>
<tr>
<td>F4.2 Clusters based on service overlap suggest a shared vision that can increase the chances of success.</td>
<td>★ Open, frequent communication is more likely, and is a key to success.</td>
</tr>
<tr>
<td>F4.3 Clusters based on common board membership identify providers that have existing links to build on.</td>
<td>★ But, providers don’t need to be close together in order to collaborate…</td>
</tr>
<tr>
<td>F4.4 Clusters based on past collaboration and awareness show areas of great promise and great need.</td>
<td>★ Service overlap suggests that providers see eye to eye on key issues.</td>
</tr>
</tbody>
</table>

Sources: ★ Literature Review ○ Focus Groups ★ Campus Survey ★ Network/Cluster Analysis

What meaningful clusters are present in our study group? We used network and cluster analysis to find four different types of clusters that may be promising ‘predictors’ of successful collaboration.

Figure 5.

**Question 5: What meaningful clusters are present in our study group?**

<table>
<thead>
<tr>
<th>Research Findings</th>
<th>Supporting Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>F5.1 ‘Narrow’ geographical clusters show groups within cities, while broader clusters align with neighborhoods.</td>
<td>‘Narrow’ approach identified 8 clusters, mainly in downtown Pittsburgh.</td>
</tr>
<tr>
<td>F5.2 Service clusters show groups of providers that offer same set of services, plus ‘diversified’ providers.</td>
<td>‘Broad’ approach separated Allegheny County providers from outliers.</td>
</tr>
<tr>
<td>F5.3 Board membership shows clusters of parent/ subsidiary organizations and other, unexplained clusters.</td>
<td>In–between, groups correspond roughly to municipalities/neighborhoods.</td>
</tr>
<tr>
<td>F5.4 Past collaboration and awareness highlights differences between Housing and Workforce groups.</td>
<td>Homogenous cluster of providers with &gt;6 of the same services emerges.</td>
</tr>
<tr>
<td>*</td>
<td>‘Diversified’ providers act as intermediary between homogenous groups.</td>
</tr>
<tr>
<td>*</td>
<td>A small group (&lt;10 providers) offered an entirely unique set of services.</td>
</tr>
<tr>
<td>*</td>
<td>Many organizations are linked by one or more common board members.</td>
</tr>
<tr>
<td>*</td>
<td>Some pairs with &gt;3 common board members are parent/subsidiaries.</td>
</tr>
<tr>
<td>*</td>
<td>Other clusters with &gt;3 common board members are harder to explain.</td>
</tr>
<tr>
<td>*</td>
<td>Awareness between YH providers is higher than between YW providers.</td>
</tr>
<tr>
<td>*</td>
<td>Collaboration between YW providers is &gt; than between YH providers.</td>
</tr>
<tr>
<td>*</td>
<td>YH providers collaborate more with YW providers than with other YH.</td>
</tr>
</tbody>
</table>

Sources: ★ Literature Review  ● Focus Groups  □ Campos Survey  + Network/Cluster Analysis

Figure 6. Three system-specific Action Steps evolved from the focus group discussion on barriers to client success. The Forbes Funds should act on these collaborative opportunities.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a collaborative approach to managing links between employers and Youth Workforce providers.</td>
<td>Create a collaborative intermediary that can act as a channel through which employers and workforce providers communicate and gather input.</td>
</tr>
<tr>
<td>Develop a shared, end-to-end ‘older youth’ case management system.</td>
<td>Support county- and state-level efforts to build integrated eligibility and case management systems in order to prevent kids from ‘slipping through the cracks.’</td>
</tr>
<tr>
<td>Create a Housing–Workforce collaboration to build and staff independent living apartments.</td>
<td>Bring together a broad group of housing &amp; workforce providers to build, staff and operate new independent living apartments for older youth.</td>
</tr>
</tbody>
</table>

The impact of these recommendations could be high; if even one of these collaborations takes root and thrives, it would represent a dramatic increase in successful collaboration. On the other hand, since these recommendations represent only the broadest sketch of the proposed collaboratives, there is much additional discussion and planning required before the ideas become reality. These Action Steps present a powerful opportunity for foundations and major funders; each of these recommendations already has the support of the agencies that proposed it and might require only a modest investment in order to flourish.

Recommendations to Strengthen the Collaborative Environment

If the relationships between agencies are a reflection of the environment in which they operate, then there should be no surprise if fragmentation is high and collaboration between Allegheny County’s nonprofits is challenging. With the highest number of government entities per capita in the country, Southwestern Pennsylvania is clearly a highly fragmented region, and all that structural fragmentation can make it hard to collaborate. Yet, while municipal cooperation and consolidation is a frequent topic of conversation and examination, the same concepts do not always resonate in the nonprofit community.
In order to make successful collaboration more common, providers need to build and leverage their professional networks and identify the organizational barriers that prevent collaboration. Because the communities in which agencies operate are often highly fragmented, it is important to consider long-term solutions that seek to create a more conducive environment for collaboration. Collaboration always involves an initial and continuing investment, but there are many ways to reduce the inertia that prevents agencies from engaging in collaboration more frequently. The following series of recommendations is designed to help the provider community better understand the networks through which it operates and effectively use that knowledge to improve its effectiveness and efficiency through successful collaboration.

In addition to these recommendations, there are specific actions that capacity-building organizations like The Forbes Funds can undertake in order to increase the amount of successful provider collaboration that takes place in Allegheny County. These recommendations are summarized in Figure 8.

Finally, our research supports several additional general recommendations that, if implemented, could create an environment in Allegheny County that is more conducive to collaboration. As well, by expanding the resources available for performing network analyses and identifying collaboration clusters, these recommendations provide funders and nonprofits with tools that can be used to target their resources to generate the greatest possible Return on Investment (ROI).

Because the communities in which agencies operate are often highly fragmented, it is important to consider long-term solutions that seek to create a more conducive environment for collaboration. Collaboration always involves an initial and continuing investment, but there are many ways to reduce the inertia that prevents agencies from engaging in collaboration more frequently. The following series of recommendations is designed to help the provider community better understand the networks through which it operates and effectively use that knowledge to improve its effectiveness and efficiency through successful collaboration.

In addition to these recommendations, there are specific actions that capacity-building organizations like The Forbes Funds can undertake in order to increase the amount of successful provider collaboration that takes place in Allegheny County. These recommendations are summarized in Figure 8.

Finally, our research supports several additional general recommendations that, if implemented, could create an environment in Allegheny County that is more conducive to collaboration. As well, by expanding the resources available for performing network analyses and identifying collaboration clusters, these recommendations provide funders and nonprofits with tools that can be used to target their resources to generate the greatest possible Return on Investment (ROI).
Combined, these recommendations suggest a series of steps – both short-term and long-term – that The Forbes Funds and other organizations can take to improve both the frequency and success of collaborations between providers. In the short term, our research identifies three Action Steps that represent concrete opportunities for future collaboration. In the long term, we have identified 12 strategies that will eliminate some of the barriers that prevent collaboration by improving providers’ capacity for engaging successfully with their peers and increasing providers’ and funders’ knowledge of the networks and connections that facilitate collaboration.

Collaboration is not the answer to every challenge that human service providers face, but, in an increasingly complex world, collaboration will often be part of the solution.

In most cases, we understand very little about how to encourage collaboration, though we know that to be successful it cannot be coerced with funding or other requirements. Instead, as we have explained, collaboration arises organically, through the interconnected web of relationships that providers and their employees – board members, directors, and program staff alike – weave. In order to outgrow what La Piana referred to as the ‘appearance of collaboration’ and to leverage the power of true collaboration, we must work to understand and strengthen these webs in focused, intelligent ways. Only then will funders find effective ways to encourage real collaboration, providers discover the true costs and benefits that hinder or justify collaboration, and clients enjoy the improved service quality and lower costs that collaboration can offer.