

Collaborating



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Definition: Establishing and maintaining mutually beneficial and well-defined relationships with families and community partners to achieve the shared goals of safety, permanence and well-being for children and families.

Collaboration should include a variety of resources, including families, coworkers, community stakeholders, and service providers. A successful collaboration model is like a ship's wheel, with the spokes of the wheel representing each resource and the center representing the goal. Everyone, including the youth and family, should work toward the common goal. Sometimes one entity drives the ship; sometimes everyone drives the ship. No matter who is driving, everyone is accountable for the shared goal

Ideal	Developmental	Unacceptable
Strives to identify a family's natural supports and ensures, with consideration for the family's culture and language, that they are involved in the decision-making process.	Involves families in the decision-making process with prompting. May understand the need to meet but does not include the necessary supports.	Does not involve a family's natural supports in the decision-making process.
Supports the relationship between each resource and children's biological parents, such as during medical and educational decisions (for example, meetings, developmental assessments, tubes in ears, extracurricular activities, piercings, etc.).	Inconsistently shares information between resources and biological parents to assist in the continuity of care.	Does not share information or does not support the relationship between resources and biological parents.
Engages in activities that foster knowledge building, mutual respect, and support for ongoing relationships with community partners. For example: <ul style="list-style-type: none"> • Becomes familiar with services offered, eligibility criteria, referral processes, etc. • Invites partner organizations to attend agency-sponsored events to promote information sharing. 	Inconsistently engages in activities to build relationships with community partners or only when directed. Takes limited initiative to establish relationships.	Does not engage in collaborative activities; refuses to engage with community partners; does not attempt to learn about the community services.

Engages in regular communication with resources. Reaches consensus about the most beneficial strategies for working with families. Coordinates services. Anticipates barriers to service provision and works to remove them.	Sometimes defers to the community agency for decision making, rather than discussing strategies and reaching consensus. Avoids a discussion of barriers and/or does not recognize barriers to services.	Works with the family in isolation despite community partner involvement. Ignores barriers despite knowing that they exist.
Engages community partners in conversations about the child welfare agency and the partners' roles in working with the family.	Inconsistently engages community partners in conversations about the child welfare agency and partners' roles in working with the family.	Does not engage community partners in a discussion about agency expectations for service delivery.
Seeks to understand a community partner's perspective when differences of opinion arise.	Sometimes avoids discussion of differences and moves forward without attempting to resolve those differences.	Assumes that the community partner and their perspective is wrong.
If the family consents, involves community partners in such things as service-planning meetings, family team meetings, and case plan reviews. Shares all pertinent information with partners within the bounds of confidentiality.	Inconsistently or infrequently invites community service partners to service-planning meetings with families, family team meetings, reviews, etc. (with family consent). Sometimes shares limited information or details not pertinent to service provision.	Does not invite service partners to service planning meetings. Works in isolation without sharing necessary information so that the service partner can properly serve the family.
Always follows up with community partners on agreed upon activities in a timely manner.	Usually follows up with community partners but is not always timely.	Does not follow up with community partners on agreed upon services without reason.
Discusses plans for terminating agency involvement. Explains the process for termination. Using a trauma-informed service approach (if applicable), discusses the nature of the partner agency's continued involvement with the family.	Discusses termination but usually after the decision to close the case has already been made. Does not discuss with the service partner that the family's case is being closed.	Does not notify the community partner that the case has already been closed.

**Adapted from Ohio Practice Profiles, Revised 02/2019, ODJFS*