

CHAPTER ONE

Research-Community Partnerships: A Systematic Synthesis of Qualitative Research

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CONTEXT OF CHILD WELFARE IN CANADA

Researchers and community members acknowledge that the traditional approach to providing and managing services for children in Canada has reached its limits (Léveillé and Bouchard 2007a). Child protection agencies are being challenged to respond to the numerous incidences of child maltreatment and neglect reported to them without additional resources (Provincial and Territorial Directors of Child Welfare 2003) and to adequately address the complexity of the existing, diverse, and inter-related issues regarding children and families within their jurisdictions (Léveillé, Chamberland and Tremblay-Renaud 2007). This acknowledgment is coupled with the emerging holistic paradigm in child welfare services, which views the child both in terms of protection and well-being (Trocmé and Chamberland 2003).

Within this paradigm, child well-being is seen as human development resulting from ongoing and reciprocal interaction between a child and his or her environment (Bronfenbrenner 1979, 1996). Issues of child maltreatment are viewed as symptoms of individual, family, community and societal problems. As such, foremost solutions to address child maltreatment should focus on building the necessary conditions for children to be able to develop within an optimal living environment. For example, adequate income, housing, and high quality early child education and care have been found to be essential components of an optional living environment for children's healthy development

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(Raphael 2009). Furthermore, this presupposes that all individuals within the immediate or distant circle of a minor child, who are directly or indirectly concerned in child or youth issues, together form a safety net for the prevention, easing or countering of adversity (Léveillé and Bouchard 2007b).

The new model of intervention, therefore, calls for a community-based collaboration: continuous multi-tiered (income, housing, education, health, social services, protection, sports and activities, etc.) and multi-strategic (awareness, opportunities, intervention, mobilization, repression, etc.) modes of intervention that target not only children but their families, schools and neighbourhoods as well (Trocmé, Knoke and Roy 2003). As the ancient African proverb instructs, “It takes a whole village to raise a child.”

Within this context of child welfare redefining itself, collaboration between the various players is also in a state of change. Members of academia, governments, practitioners in the field, and citizens at large are being called upon to work together on common goals of protecting children and aiding their families. There is an emerging movement within the field of child welfare to find ways to collaborate on these important issues. Public health policy reforms in Canada and incidence studies are also calling for all involved to work together in partnership for the well-being of children and their parents (Comité sur le continuum de services spécialisés destinés aux enfants, aux jeunes et à leur famille 2004; Government of Canada 2004; Groupe de travail pour les jeunes 1991; Ontario Ministère des Services sociaux et communautaires 1998; Québec Ministère de la Santé et des Services sociaux 1998; Ministère de l'Éducation du Québec 2003).

Collaboration between researchers and community members is considered vital as various social agencies are being required to renew, adapt, refine, revise and evaluate the services they provide for children and their families to ensure these services are based on best available evidence of effectiveness and efficiency. By focusing on the impact of services, practitioners are reaching out to researchers to help frame protocols to choose the best methods to complete these evidence-based evaluations. This focus provides researchers with the opportunity to conduct applied social science studies in the community while being mindful of some necessary adjustments of the research designs to ensure they are congruent with the reality of child protection in the practice setting. This framework provides the researcher in child protection agencies with an opportunity to establish a culture of ongoing knowledge acquisition

for the various dimensions of the social agency (Desgagné et al. 2001). In order to be relevant, researchers within these collaborations need to be aware of the field conditions most favourable to the development, implementation, and durability of innovative practices. In brief, it is important that research, both in its comprehensive and evaluative forms, reflects a partnership between researchers and service providers (George, Daniel and Green 1998-1999).

The Canadian government has endorsed a partnership-based orientation by promoting research programs for which the participation by academic institutions and community organizations is a requirement. For example, CURA programs (Community University Research Alliance) and the SSHRC (Social Sciences and Humanities Research Council of Canada) Strategic Knowledge Clusters, as well as the Knowledge Translation Strategy and other CIHR (Canadian Institutes of Health Research, 2004, 2008) partnership programs reflect this shift. The Canadian government has adopted a collaborative focus within the public health sector to augment the relevance, applicability and availability of research findings to multiple stakeholders.

In child welfare, we are witnessing the growth of partnerships between researchers and members of the community in all aspects of research development, implementation and dissemination. Collaboration between researchers and community partners is now more common in developing priorities and services to vulnerable children and their families. This increased use of partnership models for researchers and community members requires a corresponding increase in the examination of the process and outcomes of integrating various stakeholders for a common purpose. This chapter begins to explore the dynamics of researcher-community member partnerships by considering the history, growth and current use of these partnerships. We then present the results of a qualitative synthesis of studies that explore the facilitators and barriers of effective researcher and non-researcher collaborations. Although we set out to explore collaboration within the context of child welfare, we included collaborations across a diverse spectrum of disciplines and sectors to gain a broader perspective of the experiences of collaboration.

A SHORT HISTORY OF RESEARCH PARTNERSHIPS

Although the connection between theory (abstract knowledge, conceptualization) and practice (concrete knowledge, experience) dates back to the era of Greek Antiquity (Lombard 2006), it is only in the past 30 years that the union of science and practice has deeply made

its mark. This evolving approach for collaboration is a meeting of the worlds of research and practice. The worlds of consumers, practitioners, strategists and researchers come together to provide better services to patients and/or clients.

Viewed within an “evidence-based practices” context, the integration of research and practice was first acknowledged within the field of medicine, in 1993, through the founding of an organization, now known worldwide as the Cochrane Collaboration. Its founder, Dr. Archie Cochrane, a British epidemiologist, established the framework of the systematic process in a 1972 published work. His belief was that all health care users should assume responsibility and play a decision-making role in their health, and have an influence in the development of the effect and effectiveness of medicine.

The integration of research and practice has since gained momentum across disciplines. In 2000, an international network of scholars founded the Campbell Collaboration specifically to address research for practice in the fields of education, crime and justice, and social welfare. The Campbell Collaboration was founded on the principle that systematic reviews on the effects of interventions will inform and help improve policies and services. Through its reviews and annual Colloquiums, the Collaboration strives to make the best social science research available and accessible. Campbell reviews provide high quality evidence of “what works” to meet the needs of service providers, policy makers, educators and their students, professional researchers, and the general public (campbellcollaboration.org).

There are now several organizations in Canada that promote the collaboration between research and community members. In Canada, the Canada Health Services Research Foundation (CHSRF 1997), for example, was established in 1997 to bring together applied research funding with health service delivery, and ensure that health services are better informed by research evidence. The CHSRF develops and supports research partnership projects. It promotes the involvement of both researchers and decision makers and facilitates the exchange of information.

RESEARCH PARTNERSHIPS WITH THE COMMUNITY

What are They?

In the last 20 years, a large number of conceptually-based reviews of collaboration have been published to explore collaborative efforts at

various levels and between different constellations of researcher and community member partnerships. In child welfare, there have been a number of pleas in the field to conceptualize, develop, and evaluate methods of researcher-community member partnerships to improve services to children and their families. However, the impact of these calls have been dampened by the lack of uniformity in the conceptualization, process and outcomes of researcher-community member partnerships.

A partnership

Within a general approach to team work, most authors use expressions such as “collaboration,” “participation,” “cooperation,” “coordination,” and “partnership,” interchangeably. Others view the terms as distinct and with explicit relationships between and among them. For example, Zimmerman (1998) proposed a functioning partnership model based on a hierarchy of networking, coordination, cooperation and collaboration. Networking (exchanging information) is the most basic form of partnership communication, followed by coordination (adapting individual activities), then cooperation (sharing mutual resources), and finally collaboration (increasing individual strengths) as the most complex level of a partnership.

Landry, Savoie-Zajc and Lauzon (1996) suggested eight determinants of collaboration with an emphasis on the various roles within a partnership that moves from increasingly close links to a fusion among its members. The eight determinants include: mutual information, consultation, coordination, communication, cooperation, partnership, and co-management.

Despite these variations, the term “partnership” is the most frequently and commonly used term, and it has been applied across various disciplines such as economics, business, politics, management, health care (nursing sciences and medicine), education, and the social sciences. Although there is no consensual definition for the concept of partnership, most publications suggest that it consists of a sharing of knowledge, skills and resources (Mayer et al. 1998; Morrison 1996).

A research partnership

The literature on research partnerships suggests that there are various types of partnerships with different partnership structures and functions (Frank and Smith 2000). Some of these include: “research-action,” “researchpartnership,” “partnership/collaborationresearch-intervention,” “partnership/collaborationresearch-practice,” “partnership/collaboration university-community,” “collaborative research,” “community-

based research,” “cooperative research,” “participatory research,” and “participatory action research.”

Action Research (Lewin 1948), *Participatory Action Research* (Freire 1970), *Community Research* (Rappaport 1977) and *Participatory Research* (Hall 1975) are the commonly used partnership models used in both French and English publications within various human and social sciences disciplines. In addition, some titles are combined (e.g. *Community-Based Participatory Research*) but the subtle differences are rarely made apparent (Dallaire, 2002; Reason 1994; Stoecker 1992, 1993).

In addition to the confusion with the terminology, there are also multiple ways of defining partnerships. Generally, research partnerships are presented as either an approach to an alternative form of research or as a consideration of explicit goals. What distinguishes more current types of research from traditional research is the specificity of the process and the resulting product (Boutilier et al. 1997). Within this context, research utilization is both process and product (Hagey 1997), and anticipated results fall within the framework of the process in general (Hall 1981). In other words, research partnerships encompass two fundamental dimensions that must be clearly defined: their function (process) and their outcome (results). The function mode is the theoretical link for the four major designations, whereas it is the anticipated results that distinguishes one from the other (see Table 1.1).

Table 1.1. Distinctions between the Various Concepts Of Research Partnerships In the Community

Title	Anticipated results (goals)
Action Research	Improve the quality of life within the community
Participatory Action Research	Produce knowledge and applicable practices for impoverished segments of the population
Community Research	Understanding of a given phenomenon and of the underlying social issues; Implementing new research with the goal of improving the well-being of the community
Participatory Research	Responding to the needs of the community; Increasing know-how within the community.

A research partnership with the community

All of the above mentioned research partnership approaches also acknowledge the participation of non-researchers (practitioners, users, citizens, decision makers, etc.) in the scientific research process. The community can be defined as follows:

- Researchers from all disciplines; decision makers, planners and managers in health care, public health, and health care policies,
- Health care service providers from both formal and informal networks, and
- The public at large, patient groups, and those who aid them in enunciating their point of view and/or who address their best interests, notably the media, educators, non-government organizations and the volunteer sector (CIHR 2002).

How do They Collaborate?

Partnership models differ based on when and how the “non-researchers” become engaged in the research process (e.g. question formulation, data collection, data analysis and knowledge transfer). Most models do emphasize the sharing of results. Sharing of knowledge or information (also known as “knowledge transfer”) is considered a collaborative effort between researchers and members of the community, from frontline service providers, to managers and government policy makers (CHSRF 2008). It is therefore a process of knowledge transfer (skills, experience and understanding) between researchers, strategists and frontline service providers (Tsui et al. 2006).

What is the process and what are the results?

The increased need to narrow the gap between knowledge and know-how requires that all players collaborate “together” in carrying out research so that the results may be of use to all concerned. Partnerships between researchers and non-researchers play an important role in the acquisition, evaluation, adaptation and application of shared knowledge (CHSRF). Although research partnerships remain in their early stages, the field of child welfare can draw from past successes and failures in the fields of medicine, nursing, and education. It is also important to determine the overall impact of collaboration to find out about “what works” and whether such partnerships are feasible.

A SYNTHESIS OF QUALITATIVE STUDIES

Rationale

Although it may appear commonsensical to engage researchers and community members in partnerships to plan, implement, analyze and disseminate mutually important research issues, there is unexpectedly little evidence to suggest the efficacy of this approach and even less attention specific to child welfare.

To determine the scope and depth of the literature regarding researcher and community member partnerships, we conducted an initial scoping review of existing studies. Surprisingly, we found no effectiveness-based designs (e.g. random control trials, quasi-experimental designs with comparison/control groups) to determine whether these partnerships are actually successful at meeting the intended outcomes. This lack of scientific evidence from effectiveness-based designs suggests that we know little about whether these partnerships actually improve the process and outcomes of research. This represents a major gap, given the current emphasis that has been placed on these partnerships by governments, funders, service agencies and research communities. This gap also provides no direction on the “preferred” outcomes for this collaboration. Most articles written about partnerships are either conceptual or informal reflections about the process of these partnerships. Although these articles provide some insight, more systematic information is needed to help guide the complex interactions within these collaborations.

The initial scoping exercise did find a number of qualitative research studies that have explored the characteristics, process, benefits and limitations of the researcher and the community-member collaborations. Qualitative studies often provide rich descriptions about the context and process of experiences (Sandelowski and Barroso, 2006), so there is merit in bringing these studies together in a comprehensive plan to sift and sort themes as a preliminary step towards building knowledge about researcher and the community-member collaborations. This chapter therefore provides the results of a qualitative synthesis of qualitative studies that have explored the views and preferences of researchers, practitioners and community in the creation and delivery of partnership-based research initiatives. This qualitative synthesis was organized to be comprehensive, systematic and transparent. The review included a comprehensive information retrieval strategy, a detailed screening system for the inclusion and exclusion of articles, a critical appraisal of quality, and a synthesis that explored the methods, theories and

substantive themes related to researcher and the community-member collaborations.

Objectives

The main goal of the synthesis of qualitative research was to gain a thorough understanding of the empirical qualitative literature regarding researcher and community partnerships across a broad spectrum of disciplines. The integration of qualitative evidence provides rich description of emerging themes based on the reflections, views and preferences of participants involved in researcher and community partnerships. The interpretation of these themes allows for the consideration of whether the themes are transferable to a child welfare context and whether the findings can improve partnerships within child welfare. The project also set out to identify gaps in evidence, highlight priority areas for further exploration, and to help strengthen the evidence regarding researcher and community partnerships.

Research Questions

Since our overall goal was to gain a thorough understanding of researcher and community partnerships across a broad spectrum of disciplines, our primary question that guided the synthesis included an exploration of process and outcomes of researcher and community partnerships as expressed by the participants involved in these activities. This overarching question was further separated into the following sub-questions:

1. What are the different approaches of research and community partnerships?
2. What are the processes and outcomes of these various approaches?
3. What 'within themes' and 'between themes' from each of these approaches move us closer to understanding the full complexities of research and community partnerships?
4. Based on data synthesis, what are the research and community partnership strategies that look promising?
5. How can we improve research and community partnerships?

Methodology

There is growing interest in the use of systematic synthesis strategies to integrate qualitative studies (Paterson et al. 2001; Sandelowski and Barroso 2006), which largely emerged in response to the undervaluation and underutilization of an enormous accumulation of qualitative studies (Sandelowski and Barroso 2006) and the understanding that a full range of existing evidence is often needed to establish effective practices in dealing with a specific problem or issue. Compared to a narrative literature review, a systematic synthesis provides a more systematic and rigorous strategy to search for qualitative studies, an explicit and transparent criteria for including and excluding studies, a framework for appraising the quality of qualitative studies and an explicit way of establishing the comparability and incomparability of different studies (Saini and Shlonsky in press).

Qualitative synthesis is distinguished from quantitative synthesis (e.g. meta-analysis) because of its focus on the interpretive integration of qualitative data to explore events, concepts, or phenomenon. These integrations offer more than the sum of the individual data sets because they provide new interpretations of the findings (Bertero and Chamberlain Wilmoth 2007).

Information retrieval strategy

The literature was reviewed using the electronic databases PsychINFO, MEDLINE, EMBASE, ASSIA, Social Work Abstracts, Social Sciences Abstracts and Social Service Abstracts. To ensure maximum sensitivity and a high level of specificity, subject headings and word text were searched in a systematic process using search strings for each database. The search terms for OVID included:

1. (research* partnership* or research* coalition or research* consortium or cooperative research* or collaboration research* or coalition formation or community research* or community coalition or community consortium* or community based coalition or community based consortium* or community based research or action research or particip* action research or particip* research* or community campus partnership* or campus community partnership* or community-academic partnership research or community university collaboration or university community collaboration or community university cooperation or university community cooperation or research* collaboration or research* cooperation or community research* partnership* or research* community partnership* or community research* collaboration*)

- or research* community collaboration or community research* cooperation or research* community cooperation or research* practi* collaboration or research* practi* cooperation or research* practi* partnership or practi* research* collaboration or practi* research* partnership* or practi* research* cooperation or practi* research* cooperation or cooperative inquiry or collaborative inquiry).mp. [mp=title, original title, abstract, name of substance word, subject heading word]
2. Qualitative/
 3. “exp” Qualitative
 4. (process evaluation or process assessment or mechanism evaluation or mechanism assessment or outcome evaluation or outcome assessment or quality evaluation or participatory evaluation or impact evaluation or impact assessment or effect evaluation or program evaluation).mp. [mp=title, original title, abstract, name of substance word, subject heading word]
 5. “2” or “3” or “4”
 6. “1” and “5”

In addition, we used the following terms to access qualitative studies written in the French language: ((coalition communautaire or coalition de recherche or consortium de recherche or consortium communautaire or recherche-action or partenariat de recherche or partenariat recherche-intervention or partenariat recherche-pratique or collaboration recherche-intervention or collaboration recherche-pratique or partenariat université-communauté or collaboration université-communauté or recherche collaborative or recherche communautaire or recherche coopérative or recherche participative or recherche-action participative) et (qualitative)).

Based on the terms specific for each electronic database, 889 titles and abstracts were included in the first level of screening. Table 1.2 provides the number of hits and duplicates for each of the eight electronic databases used for the information retrieval strategy.

Table 1.2. Electronic Databases Search Results

Database	Hits	Duplicates
PsycINFO	181	/
MEDLINE	310	30
ASSIA	33	17
Social Work Abstracts	4	0
Social Sciences Abstracts	29	0
Social Service Abstracts	81	30
Ageline	3	0
ERIC	337	12
Total	978	89
Total titles for first screen = 889		

Criteria for considering qualitative studies

The screening process was conducted in three stages (See Figure 1.1).

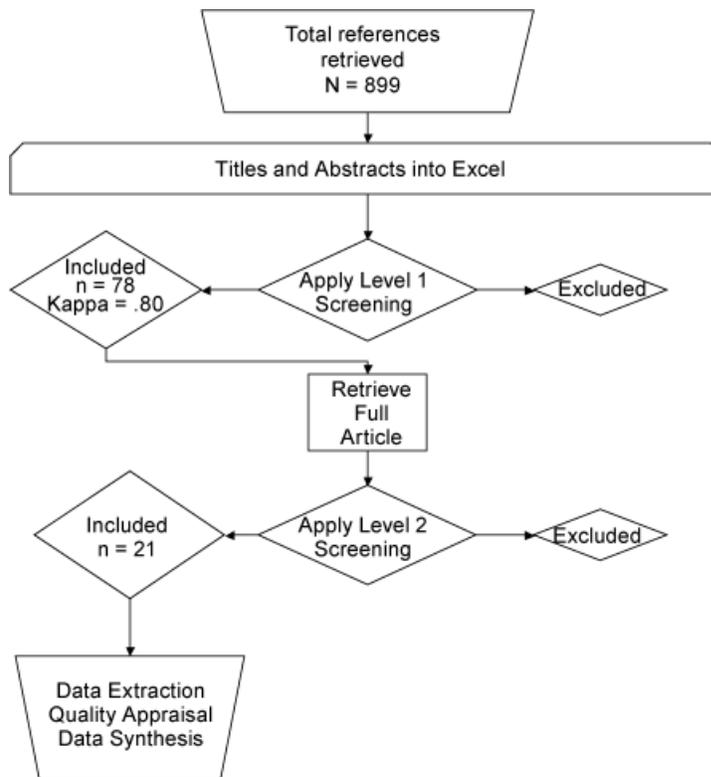


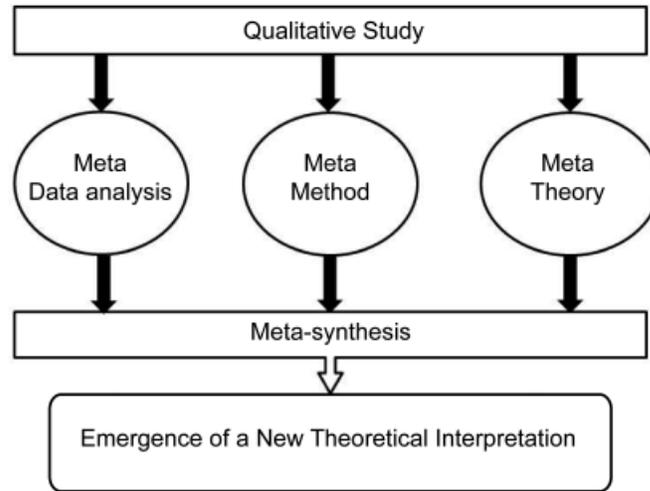
Figure 1.1. Screening process.

The first stage consisted of retrieving the titles and abstracts and then applying an initial screen to determine whether the titles would be included or excluded from the review. To be passed to the second level, the following two questions needed to be addressed in the title or the abstract: 1) did the study address a researcher non-researcher partnership (non-researcher partnership included practitioners, users, citizens, decision makers, etc.); 2) did the study include a qualitative methodology. Two reviewers (MS and SL) individually screened all titles and abstracts at level one. Interrater reliability was measured by the kappa statistic with a score of over .80, acceptable for the interrater reliability of screeners.

During the second stage, full papers of the selected studies were retrieved and then rescreened for relevance. Second screening accepted studies that included: 1) participants of researchers and community members (including practitioners, service providers, community affiliates), 2) original research data, 3) qualitative data derived from interview data, text or artifacts, 4) samples greater than 4 participants, and 5) demonstrated sufficient detail of rigor and quality. The third phase consisted of data extraction of studies that passed the two previous stages. Data extraction for qualitative studies involves capturing data regarding the studies' methods, theories and findings.

Data extraction of selected studies

Full articles of qualitative studies included in the final inclusion were inputted into NVivo 8, a computer program for qualitative analysis. The meta-study method for qualitative synthesis was chosen for this review (see Figure 1.2) because we expected that the included studies would cover a range based on theoretical frameworks, primary methods, sample settings, and the quality of the designs. Meta-study includes three processes: meta-data analysis, meta-method, and meta-theory (Paterson et al. 2001), which provides a unique process for considering the heterogeneity found in the included qualitative studies.



Adapted from Paterson et al. 2001

Figure 1.2. The process of a meta-study systematic synthesis.

According to the meta-study model, meta-method analysis focuses on critically evaluating the rigour and credibility of the qualitative methods used in each of the studies to assess the potential influences of the methods on the findings. Meta-theory analysis involves the scrutiny of the theoretical perspectives of each study to assess the findings in relation to theoretical formulations. Meta-data analysis, the third method, considers the findings of the primary studies but also requires the researcher to critically examine the various events, concepts and phenomenon to reveal similarities and discrepancies of the findings within and between the included studies. As shown in Figure 1.2., the synthesis then involves the reintegration of all the ideas that had been deconstructed in these three processes to realize a new interpretation of an event, concept or phenomenon that accounts for the data, method, and theory (Bertero and Chamberlain Wilmoth 2007).

To further augment the qualitative synthesis, we also conducted a meta-summary (Sandelowski and Barroso 2006) of the selected studies to count the frequencies of emerging themes. Meta-summary consists of quantitative orientated aggregation of qualitative findings to discern the frequency of each finding (Sandelowski and Barroso 2006). Higher frequency of findings are sought to claim the discovery of themes (Thorne et al. 2004). The combination of aggregation of themes with interpretive

integration of findings across studies provided this synthesis with a comprehensive yet flexible method for exploring the essence of research and community partnerships. The frequency of themes provides another layer of analysis and interpretation for the findings. These findings were considered with the findings of the meta-study so that both frequency and relevance of the themes were considered in the final analysis.

Results

The findings are presented within the three processes of the systematic synthesis used in this review. The integration of meta-method, meta-data analysis and meta-theory with the frequency of themes derived from the meta-summary are then presented to consider new interpretations and frameworks for creating and maintaining positive collaborations between research and non-researchers.

Meta-method

As indicated in the inclusion criteria, the qualitative synthesis included studies where it was clear that the authors used a process of data collection for the experiences of collaboration (as opposed to reflections on the part of the author). Once studies were included, they were not screened out based on the quality of the design but, rather, we included the assessment of quality in the meta-method analysis. We also decided to include all methods of conducting qualitative research (e.g. grounded theory, phenomenological, case study, ethnography, participant action research, etc.) so that we could consider the various designs that have been used to explore research and non-research collaborations. Whether to include different types of qualitative methods within a qualitative synthesis remains open to question, as some are against combining methods (Estabrooks, Field and Morse 1994; Jensen and Allen 1996) while others suggest that the combination of multiple methods contributes to the depth and breadth of the phenomenon (Bertero and Chamberlain Wilmoth 2007; Paterson et al. 2001). We decided to include different types of methods because the meta-study method supports the inclusion of various methods and integrates the influence of different methods into the overall analysis.

As depicted in Table 1.3, included studies were identified as qualitative reflection, case study, qualitative content analysis, grounded theory, ethnography, comparative qualitative analysis, qualitative, and qualitative methods. Critical appraisal revealed a range of quality and rigour in the primary studies. Perhaps the biggest difference found in

the primary studies was the range in providing direct quotes from the individuals involved in the studies. This has implications for the overall findings given that it is not always clear whether the findings in the primary studies actually emerge from the participants, whether these are interpretations by the researchers or both.

Table 1.3. Qualitative Method of Included Studies

Qualitative method	Number of Studies
Reflection	7
Case study	54
Content analysis	3
Grounded theory	2
Ethnography	2
Comparative qualitative methods	1
Qualitative & qualitative methods	1
Total Studies	21

Meta-theory

Meta-theory analysis involves the scrutiny of the theoretical perspectives of each study to assess the findings in relation to theoretical formulations. In reviewing the included studies, it became quickly apparent that only a few studies were explicit about the theoretical perspective that guided their work. Borthwick (1995) commented that the literature regarding collaboration has consisted mainly of brief descriptions of individual experiences by one of the key stakeholders and there has been far less emphasis on theoretical frameworks for considering the collaborations. The “insider” view depicted by Borthwick (1995) was further supported in this review, of the included studies, as the majority of studies included an inside perspective (see Table 1.4).

Table 1.4. Position of the Researcher Evaluating the Collaboration

Position of the researcher	Number of studies
Inside	16
Outside	5
Total	21

Flocks et al. (2001) used a community-based approach within an ecological framework that recognizes that individuals are embedded within social, political and economic systems that shape behaviours and access to resources. Borthwick (1995) used an organization and inter-

organization theory to link organizations and relationships. Viewing a partnership as a linkage of organizations that negotiate and renegotiate their relationships as they work together to solve a problem of common interest suggests the complex and dynamic nature of such associations (Borthwick 1995). This focus further supports the analysis of barriers and facilitators of collaborative efforts since the theory focuses on the factors needed to address organizational and interpersonal issues to promote workable partnerships for shared visions.

Meta-data analysis

The meta-data analysis identified a number of categories used to describe the partnerships. These categories have been placed in umbrella categories of collaboration characteristics, collaboration processes and collaboration outcomes. Within each of these broad categories, many sub-categories emerged that are presented within the umbrella categories. As well, meta-summary results are presented in table format to provide information regarding the frequency of categories within the 21 qualitative studies considered in this review. Although 889 titles were initially located for this review, the vast majority of titles were excluded because they were either opinion pieces or conceptual papers. This demonstrates that, although there is a wealth of literature on collaboration, very little is empirical.

Collaboration characteristics

Purpose of research community collaboration. Ensuring that there was a clear purpose for collaborative teams seemed to be instrumental in ensuring that differences and shared commitments were addressed at the onset and then revised throughout the entire collaborative process. For example, participants in Borthwick's (1995) study talked about the importance of the "joint vision" and to focus on "where we're headed." The key commitment of working on the shared goals repeatedly assisted teams to work together and to mend conflicts when they occurred (Bowen and Martens 2006; Campbell et al. 1999; Flocks et al. 2001).

The most frequently cited purpose for collaboration was to build community capacity, followed by improving policy, practice, research and funding opportunities. Other purposes included improving population health, building stronger community relationships and finding a better mechanism for ways to disseminate and use research findings in policy and practice settings (see Table 1.5).

Table 1.5. Purpose of Collaboration

Purpose of collaboration	Number of Studies
Improve community capacity	5
Improve policy	3
Improve practice	3
Improve relevance of research	3
Improve funding	2
Improve population health	2
Improve utilization of research	2
Improve community empowerment	1
Improve community learning	1
Improve community relationships	1
Improve knowledge transfer	1
Total Studies	11

* Studies included multiple purposes so the total number of all purposes of collaboration is higher than the total number studies.

Specific purposes were: to involve the end-users of the research data in the actual research process so that they would be more likely to integrate the results into new policies, procedures, and education programs for practice (MacDonald et al. 2006); to make end-users self-sufficient following the collaborative project (Smith and Bryan 2005); to ensure research outcomes become more relevant to the community members than would be the case for more mainstream, traditionalistic approaches to research (Boydell, Jadaa and Trainor 2004); to create new knowledge (Bowen and Martens 2006); to ensure a wide range of attitudes, beliefs, experiences, thoughts, and opinions would be uncovered (MacDonald et al. 2006); to increase the capacity of individuals within organizations and, through them, to develop effective networks with participating organizations (Bowen and Martens 2006; Cotter et al. 2003; Lantz et al. 2001); to improve access to community health information and, in so doing, enhance knowledge of the development of community health information resources and community/university collaboration (Buckeridge et al. 2002); and to improve the research design, inform the research questions, enhance the quality of the data, and assist in knowledge translation (Boydell, Jadaa and Trainor 2004; Schulz et al. 2001). In addition, some teams were formed with clear goals of attempting to change “small policies” by playing a key role in the development of research specific to client problems and issues (McCrystal and Godfrey 2001), or changing how these teams themselves viewed these issues and problems (Oakes, Hare and Sirotnik 1986).

Type of collaboration. The studies included in this review suggest that collaborations operate at varying levels of interdependence including cooperation, coordination, and collaboration (Landry, Savoie-Zajc and Lauzon 1996; Zimmerman 1998). Table 1.6 displays the variety collaborations found within the included studies. Three broad frameworks include community participatory models, community collaborative models, and community action models, which were distinguished by the level of participants' involvement in the collaboration, the various entry points for members' participation (e.g. planning, development, delivery and dissemination), and the types of goals that participants shared for knowledge creation, knowledge action and knowledge evaluation.

Table 1.6. Type of Collaboration

Type/name of collaboration	Number of Studies
Community-based participatory research	6
Community-based research	3
Action research	1
Collaborative inquiry	1
Collaborative research	1
Community-academic research partnership	1
Community-university collaborative research	1
Educational partnership	1
Participatory action research	1
Participatory research	1
Research-practitioner collaboration	1
Research-practitioner partnership	1
School-university collaboration	1
University-community partnership	1
Total Studies	20

* Studies included multiple types of collaboration so the total number of all types of collaboration is higher than the total number studies

Key players in the collaboration. Although collaborations can include a variety of members, the review found some key players that seem to be involved in the majority of the collaborations. For the most part, most collaborative teams had a project coordinator, university affiliates, community partners (e.g. collations, community-based organizations, advisory committees, etc) and some representation of users of research (e.g. practitioners, communities, families, CBOs and government).

The Project Coordinator was described as assuming primary responsibility for implementation of grant activities and portrayed as

the person most in touch with the entire scope of the project (Borthwick 1995).

University partners represented tenured and non-tenured faculty (including department chairs and a senior academic administrator), university staff and graduate students. It was suggested in one study that the university professors can benefit from this collaboration by increasing the relevance of their research and the collaboration also alleviates some of the stress that university staff often encounter as a result of their academic isolation (Kremer-Hayon 1994).

Community partners included front-line workers as well as senior administrators. It was further suggested that community partners can benefit from being involved in collaborative teams by receiving up-to-date information from the relevant literature, which is considered to be an important element in every profession (Kremer-Hayon 1994).

Although it was uncommon to include users in the research process, users did provide a unique perspective when they were included as their participation added to the relevance and applicability of the study (Boydell, Jadaa and Trainor 2004; Campbell et al. 1999). The collaboration involving users was viewed as a potential bridge of cultural disparities (Boydell, Jadaa and Trainor 2004). However, the limited involvement of users, as further demonstrated from the frequency counts of key players in the collaborations (see Table 1.7), more work is needed to ensure users are active and equal members within collaborative teams.

Table 1.7. Key Players in Collaboration

Key players in collaboration	% de doc. (N = 21)
Research and coalition	8
Research and community-based organizations	4
Research and government	3
Advisory committee	2
Research and schools	2
Research and professional board	1
Research, CBOs and government	1
Researchers and family members	1
Researchers and practitioners	1
Total Studies	21

* Studies included multiple key players so the total number of all key players is higher than the total number studies

Collaboration processes: Facilitators and barriers

Facilitators. Facilitators of collaboration include factors that assist in promoting positive experiences for the entire team, thus making significant progress towards their shared visions and goals established at the onset of the collaboration. Based on the frequencies of the qualitative studies, Table 1.8 highlights the factors identified for effective collaboration. The most frequently cited factor to promote positive experiences in the meta-summary was good communication and relationships within the team. This was followed by strong leadership capable of making decisive decisions, a commitment by all members towards the process of the collaboration, a positive history of working together, diversity and fit of all team members, appropriate supports from research and funding bodies and knowing that the results of the collaboration would be considered meaningful.

The meta-data analysis touches on many of the same themes found in the meta-summary, but expands on the following: clear direction, embracing ambiguity, attention to the relationship, communication, bi-directional respect, bi-directional trust, constant contact, commitment, involvement of a diverse team, mutual benefits, leadership, characteristics of the team members and lucky connections.

Table 1.8. Facilitators to Collaboration

Facilitators to collaboration	Number of Studies
Good communication / relationships within the team	17
Strong leadership to make decisive decisions	14
Commitment by all team members	11
Previous positive collaborative experiences	6
Complimentarily of diverse team members	8
Financial issues	3
Research support	2
Making results meaningful	1
Total Studies	20

* Studies included multiple facilitators so the total number of all facilitators is higher than the total number studies

Decisiveness and explicitness: clear direction and embracing ambiguity. A number of studies (9 of the 20 studies included) indicated that clear direction of the collaboration was very important to ensure that the team was working towards shared visions and goals. When the team lacked clear direction, it was felt by some co-investigators that increased

decisiveness and explicitness could have helped them to feel more comfortable and/or helped to accelerate the process. Others noted that developing “a loose consensus” without much discussion of the decision sometimes created a lack of clarity in expectations (Borthwick 1995, Lantz et al. 2001). Clarification of members’ roles at the beginning of the project was found to be critical as ill-defined roles created confusion, discomfort and frustration (Bowen and Martens 2006; MacDonald et al. 2006).

Although these studies pointed to the need for clear directions, Buckeridge et al. (2002) highlighted the importance to consider the indeterminate nature of the research process and its outcomes. They found that this uncertainty and ambiguity was difficult for all the partners. However, those who had continued with the project from the early pre-funding years through to the completion of the funded project acknowledged that this uncertainty and ambiguity was an essential part of learning to trust each other and work together. As indicated by this study, successful community collaboration demands from all partners a patience with and tolerance for the uncertainty and ambiguity of a necessarily emergent research process.

Attention to relationships. Paying attention to the relationships of the team members was found to be very important to the collaboration. Studies found that relationship building required conscious and continuous effort, because it was easy to allow other demands to interfere with communication such as deadlines, time constraints, workloads, and politics. Not providing enough attention to the relationships in turn could affect the respect and trust each other needs to develop to negotiate workable solutions when issues arise (Lane, Turner and Flores 2004).

Good communication. Participants in the included studies seem to value timely, clear communication within the collaborative teams (Bowen and Martens 2006). Generally, the studies suggest that time is needed to cultivate a teamwork atmosphere that facilitates open, clear and productive communication. The importance of open and flexible communication styles was most apparent for sharing decisions and finding consensus. Findings revealed that it is imperative team members present their concerns and suggestions in a sensitive manner. This point becomes even more poignant when communication between members is via e-mail where tone, emotion, and other non-verbal cues are lost (MacDonald et al. 2006).

Enhancing communication took both time and commitment within team activities such as personal contact, small group meetings, written information, and contact via telecommunications (Borthwick 1995).

Others noted that communication was further enhanced by building trust and becoming friends through the process such as having meals together, talking at times when there were no difficulties, and riding together to meetings (Lane, Turner and Flores 2004). Enhancing communication was also found to be best facilitated by the principle investigator with strong leadership skills and knowledge about communication styles, conflict resolution and group dynamics.

Bi-directional respect. Respect for differences of opinions and differing priorities and pressures helped facilitate the communication between members and has been considered critical to the success of the collaboration (Lane et al. 2004). Teams need individuals who are interested in understanding the perspectives and accommodating the needs of the other instead of approaching the collaboration with the assumption that one way is better or that compromise is detrimental.

Bi-directional trust. Building trust was also mentioned as both an accomplishment and a facilitator (Lantz et al. 2001; McCrystal and Godfrey 2001; Schulz et al. 2001; Smith and Bryan 2005) Trust building is a process that takes place over time and, once established, trust cannot be taken for granted; researchers must continually prove their trustworthiness (Borthwick 1995; Campbell et al. 1999; Maciak et al. 1999). Buckeridge (2002) found that trust developed slowly over time as each co-investigator came to recognize the strengths, commitment and knowledge of the other co-investigators and as the group worked to resolve conflicts and make joint decisions.

Constant contact. Regular meetings with the full team were essential not only for the communication of roles and expectations, but also so partners could discuss any frustrations or concerns they had about ongoing issues. Team meetings were used to update all partners on the activity's progress, to encourage and support interviewers, and to reassure academic partners about meeting deadlines (Flocks et al. 2001; MacDonald et al. 2006)

Commitment. Most studies suggested that commitment by all members was a key factor for successful collaboration (Bowen and Martens 2006; Cotter et al. 2003; Lantz et al. 2001; Maciak et al. 1999; Mercer, MacDonald and Green 2004). Commitment included levels of interest and support, ownership, and attendance at meetings by participants. A respondent in Borthwick's (1995) study expressed that "it would have been nice to see the same people all the way through. I just think it would have been easier on the administrators to not have to explain everything over." However, it has also been noted that attendance

itself is not always a good measure of interest and/or commitment and so lack of attendance may not provide the team with the most accurate information about the level of commitment by the team. Others have noted that other types of commitment include support for the project (financial, services outside of meetings, resources). Others viewed commitment not only to the collaboration but also to the activities of the collaboration. For example, Campbell et al. (1999) expressed that commitment in their study was related to the shared goals of advocating for battered women and their families, which created the beginnings of mutual respect.

Involvement of a diverse team. Effective partnerships were seen as including members of political diversity, geographic diversity, professional diversity, racial diversity and social diversity (Borthwick 1995; Campbell et al. 1999; Smith and Bryan 2005). The involvement of these diverse teams were most effective if they included the various team members at the early stages and continued their involvement. User input seemed to strongly influence design decisions, which provided for a more comprehensive and relevant action plan to address the various concerns, issues and perspectives of the different team members (Buckeridge et al. 2002). Schulz et al. (2001) suggested that initiating this process early also facilitated the equitable engagement of members of the involved communities in the design, implementation, and evaluation of interventions

The study by MacDonald et al. (2006) commented on all members having decision-making power to avoid tokenism. It also suggested all members have a voice within the collaborative team, given that the collaborative partnership allows the research problem to be viewed from multiple perspectives and resulted in a better understanding of the various issues being investigated.

Characteristics of the team members. Characteristics of team members as factors for effective collaboration and identified as desirable in partnership representatives included: good ideas, good sense, dedicated, motivated, leaders, powerful within their domain, visionary, actively involved, energetic, task-oriented, and giving of their time (Borthwick 1995).

Leadership. Although it was important for the participants in the studies to create a collaborative process so everyone had a strong voice, it was equally important that there was strong leadership to help guide the process (Oakes, Hare and Sirotnik 1986). For example, in Borthwick's (1995) study, it was found that strong leadership was complemented

by active members with good ideas and the time to remain involved. Likewise, Buckeridge et al. 2002 found that vision and leadership of one of the partners was crucial in sustaining continuing commitment. Interview data revealed that this person's leadership style facilitated a forum for open dialogue, for the exploration of ideas, and for the development of mutual respect. This set in motion a process for working together across many disciplinary and institutional boundaries both within the university as well as between the university and the community. The theme of strong and active leadership was presented as an important factor by many studies included in this review (Lantz et al. 2001; Maciak et al. 1999; Minkler et al. 2006).

Mutual benefits. Studies also found that it was important to all members to receive concrete benefits in return for their involvement in research partnerships, noting that without such tangible benefits the partnership may not be viewed as advantageous to all members of the collaboration.

Lucky connections. Although considering the many factors that facilitate effective collaboration provides information for those considering creating a collaborative project, Lane, Turner, and Flores (2004) also contributed the idea that it is sometimes just by chance that people get "lucked" into a partnership where the people involved liked each other and had compatible personalities.

Barriers / challenges of collaboration

Barriers and challenges of effective collaboration include factors that interfere with the working dynamics of the team. Based on the frequencies of the qualitative studies, Table 1.9 highlights the factors identified in the meta-summary as barriers for effective collaboration. These include cultural and organizational differences of team members, uncertainty and ambiguity among team members, restraints (e.g. time, funding, research, etc.), the challenge of maintaining user involvement, finding the right balance between research and action, communication problems, moving beyond past negative experiences with members within the collaboration, and problems with logistics.

The meta-data analysis touches on many of these themes and expands on the following: differing cultures, uncertainty and ambiguity, time and funding issues, inequality, and competing tensions.

Table 1.9. Barriers to Collaboration

Barriers to collaboration	Number of Studies
Cultural and organizational differences of team members	13
Uncertainty and ambiguity among team members	12
Restraints (Time issues, funding, research)	12
Maintaining user involvement	5
Achieving balance between research and action	2
Miscommunication	2
Previous negative collaboration experiences	2
Logistic	1
Total Studies	16

* Studies included multiple barriers so the total number of all barriers is higher than the total number studies

Different cultures. A key realization for many participants in the studies was the distinctive cultures with differences in expectations, values, outcomes, reward systems and work styles. Recently, researchers from many fields (e.g. death studies, domestic violence, families, health, health psychology, mental health, medicine, organizations, substance abuse, social work) have reported on the challenges inherent in collaboration between researchers and practitioners (Altman 1995; Anderson, Herriot and Hodgkinson 2001; Broner, Franczak, Dye and McAllister 2001; Jensen, Hoagwood and Trickett 1999; Jordan 2000; Levin 1999; Mullen 2002; Myers-Walls 2000; Rawson et al. 2002; Rawson and Branch 2002; Reback et al. 2002; Shapiro and Rinaldi 2001; Silvennan 2000; Spear and Rawson 2002; Telleen and Scott 2001).

In the studies reviewed, meetings were often difficult to schedule and were variably attended. Furthermore, team members coming from different disciplines and sectors tended to use different vocabularies and concepts while working within these groups (Bowen and Martens 2006; Buckeridge et al. 2002; Campbell et al. 1999; Lane et al. 2004; Flock et al. 2001; Maciak, et al. 1999; Plumb, Price and Kavanaugh-Lynch 2004).

For the university partners, there was enormous professional tension and individual anxiety in participating in a long-term project with uncertain academic reward, product or output, particularly for the untenured university partners. Feeling unsupported by academic culture, which places more value on individual rather than collaborative research, university partners also believed their concerns were not well understood by their community partners. For practitioners, there was

very little time available that could be devoted to providing immediate services to the team, including writing articles, conducting research, or reading about research.

Another barrier that presented challenges included differences in ethnicity and language between some partners, which made communication challenging (Flock et al. 2001; Maciak et al. 1999; Plumb et al. 2004).

Uncertainty and ambiguity. In some cases, even when project goals were clearly articulated before the project began, expectations of team members were unknown. It was discovered, for example, in the study by Bowen and Martens (2006) that participants were confused about their role in the project, sceptical about the authenticity of the proposed partnership, and largely unconvinced that research (or researchers) could be useful to their work. Other studies similarly found that in spite of clear project goals and objectives, the collaborative process itself engendered considerable uncertainty and ambiguity. Many of the co-investigators indicated that learning to accept and work with the uncertainty and ambiguity about where the project was “going” as it developed and unfolded was the most difficult aspect of participating in this collaboration (Buckeridge et al. 2002). Flocks et al. (2001) also found that there were difficulties in establishing roles and expectations for project partners, despite the elaboration of major roles in the grant proposal. In addition, role definitions for each project activity changed somewhat over time, so establishing confidence in new roles took further time and communication. Oakes, Hare, and Sirotnik (1986) found that unclear project goals directions and expectations were related to conflicts in the process among team members.

Insufficient time. Most studies acknowledged that collaboration takes time and moves slowly. It takes time to engage in meetings, plan activities, review analyze and sift through information, complete accountability processes, and resolve problems (MacDonald et al. 2006). It became apparent that many participants did not feel they had adequate time to navigate within the collaborative process. Most of the co-investigators had not anticipated the length of time required for the collaborative research process itself. Individual partners had ambivalent feelings about the time they had devoted to this project, expressing frustration at its seemingly slow progress (Buckeridge et al. 2002). This time restraint was acknowledged by both the researchers and community partners (Bowen and Martens 2006). Others admitted that compromises were made regarding the quality of the design because of the lack of time and

they felt pressures of timelines to complete the project by a specific date (MacDonald et al. 2006).

Funding issues. Multiple references highlighted the concern regarding the collaboration dependent on funding (Borthwick 1995; Plumb et al. 2004). Minkler et al. (2006) noted that funding in many ways determined the success of the collaboration because the team needed to acquire funds in order to exist as a collaborative team. One project had to discontinue until funding could be found, and this was frustrating for all team members (Campbell et al. 1999). It was also noted that there is a lack of adequate funding for the development of initial activities to foster the collaboration (Maciak et al. 1999), making it difficult to establish the foundation necessary to sustain partnerships and systematically plan collaborative initiatives. Not enough funding also impacted the teams' ability to hire adequate staff, which was difficult on the collaboration given the time constraints of volunteers (Minkler et al. 2006).

Inequality. Issues of power were seen to derive from differences in status, resources, skills, and personal commitment to the project. Real differences in the perception of the sources of power was found in one study and this left members feeling overwhelmed, disempowered, and frustrated with their collaborative experience (Buckeridge et al. 2002).

Like the feeling of disempowerment, participants who viewed the collaboration as unequal also expressed concerns. This inequality of resources was most often between the principal investigator by virtue of being the primary recipient of the funds and other team members who wanted greater input into the expenditures of funds and decisions regarding the allocation of resources (Lantz et al. 2001). Oakes, Hare, and Sirotnik (1986) found that, contrary to the collaborative ideal of participants having parity within the collaborative structure, project team members were unequal in significant ways. These included perceived professional value and status, and the time available by various team members assigned to the project. Researchers often had more time, given that their salaries were tied to the work on the project.

Competing tensions. Although tension developed from the competing demands of everyday life in overburdened service delivery agencies (Buckeridge et al. 2002), this was compounded by the competing tensions created by collaborative teams for research purposes. Cotter et al. (2003), for example, pointed to major competing tensions between researchers and service delivery agencies, as they had very different views about recruitment into the study versus on-going service delivery.

Outcomes of collaboration

Several outcomes were identified in the meta-summary that provide some direction on how best to evaluate researcher and community-based collaborative teams (see Table 1.10). In this section, we will focus on a few of the more salient outcomes, such as improved knowledge of both researchers and community members, improved relationships within teams, improved practice, research and/or policy, increased number of dissemination products and tools, and whether teams were refunded at the conclusion of the projects.

Table 1.10. Outcomes of collaboration

Outcome of collaboration	Number of studies*
Increased knowledge by members of the collaborative team	12
Dissemination / Knowledge Transfer	8
Improvement in communication - relationships	6
Improvement in practice	6
Improvement in research capacity	6
More networking opportunities	4
Recognition of others	3
Community empowerment	3
Improvement in funding	1
Improvement in policy	1
Total Studies	14

* Studies included multiple outcomes so the total number of all outcomes is higher than the total number studies

Increased knowledge by community members. Outcomes related to community members focused on increased knowledge, capacity, and skills of conducting research. For example, Bowen and Martens (2006) stated that through development and interpretation of the collaborative research reports and evaluation activities they also gained practical experience in using newly acquired research concepts. Community members often reported that the collaboration increased their own understanding of outcomes and evaluation and it assisted in making program improvements (Campbell et al. 1999). Three types of learning identified in the studies were: 1) increased knowledge of research concepts; 2) better access and awareness of tools and information needed to conduct research; and 3) a better appreciation of research and a more positive attitude towards the purpose and process of research.

Relationship-based outcomes. Boydell, Jadaa and Trainor (2004) found reciprocal benefits of collaborative research included increased research capacity, self-esteem and empowerment, and a sense of ownership in the research. Flocks et al. (2001) found an enhanced mutual trust between the researchers and community partners. Both researchers and community partners expressed that the collaboration helped to build and maintain relationships with the team members and also with new organizational relationships, including other community-based organizations, governments, and funders. Working together seemed to facilitate better networking opportunities, more recognition of work completed by individual team members, more focus on improving communication between team members, and more opportunities to disseminate knowledge gained from the research studies. Communication between community members and researchers, although also relevant to the process of collaboration, was found to be an important outcome to measure the overall success of the collaboration.

Increased knowledge by researchers. Outcomes of collaboration for researchers were mostly related to researchers increasing their understanding of community politics, dynamics, and contexts. This provided them with an inside perspective to the realities of the communities, and it provided the researchers with opportunities to work with community members to ensure that the research findings would be relevant and applicable to the community key stakeholders. Researchers also focused on the collaboration increasing their credibility to funding bodies, and this had positive effects of both funding and refunding at the conclusion of the initial project.

Improved practice, research and/or policy. Participants also judged the success of the collaboration by exploring whether the collaboration actually improved practice, research and/or policy. Although it was not always clear how collaboration improved practice, research and/or policy, the overall sentiment was that it did improve each of these areas by making them more relevant and applicable to their target audiences.

The number of dissemination products. Studies also pointed to the number of tools and/or products that were created and distributed based on the results of the project. The frequency and intensity of dissemination by the collaborative team seems to be a consistent way for studies to try to find outcomes to measure in quantitative terms. Lantz et al. (2001), for example, noted that their study included, as indicators of success, publishing scientific papers and making presentations at professional meetings, and these were both highlighted as important markers to

evaluate the effectiveness of the collaborative team. During the first four years of the collaboration, 10 articles were published in peer-reviewed journals, and over 40 presentations were made, even though none of the evaluations of specific interventions had been completed yet. In virtually all of these publications and presentations, non-academic partners served as co-authors and as co-presenters. Others noted similar deliverables. For example, McCauley et al. (2001) noted that national and international presentations have been made on the work and scientific manuscripts were in various stages of publication or review.

Further funding. Further funding at the conclusion of the initial project was considered to be a positive outcome for the collaboration because it was implied by the team that being successful in getting funds demonstrated the positive gains made by the collaboration.

Summary Of Results

The qualitative synthesis screened 889 titles to uncover 21 qualitative studies that were included in the analysis of research-community partnerships. Based on published qualitative studies, a number of themes emerged regarding the positive facilitators of effective researcher-practitioner collaborations. Although research and non-research collaboration focuses on integrating various organizations together to better the lives of children and families, we found that it is the individuals within these organizations and the relationships among them that helps make collaboration possible. When these individual relationships form dense networks of positive relationships within and across organizations, those organizations can appear to have positive relationships with each other and work together productively.

Based on the synthesis of qualitative studies, several lessons learned from this review process are shared below. The applicability of these lessons to other collaborative initiatives will depend on the local context of the collaboration and many of the factors that have been identified within this review. It is important that these lessons are not considered as recommendations, but simply as reflections based on a review of the current empirical evidence.

1. Goals of collaboration are best when they are shared by all team members. Goals should be neither too broad nor too specific.
2. A principal investigator is needed to provide leadership in maintaining the research focus without undermining a participatory process.

3. Clarify members' roles at the beginning of the project.
4. Participants involved in collaborative teams should focus on building and maintaining successful relationships.
5. Develop and maintain relationships throughout the project.
6. Leaders can enhance the effectiveness of collaborations by monitoring and managing the collaborative process, including focusing on shared visions and goals, maintaining continuity and commitment of members; providing timely, clear communication, and facilitating exchanges for mutual benefits for collaboration (Borthwick 1995).
7. The collaborative team should be complemented by its members based on members' strengths, knowledge, skills, and expertise.
8. Sufficient time is essential for the collaboration to develop.
9. Participants involved in collaborative teams should see themselves as equal partners.
10. There needs to be an environment and structures that support collaborative research initiatives.
11. University systems should support collaboration with community members by giving adequate credit for work focused on building community capacity and collaborative relationships.
12. Provide concrete benefits for community members in return for their involvement in research partnerships (Macdonald et al. 2006).

Future studies exploring the effectiveness of collaboration could focus on the outcomes that have been identified in this comprehensive review, including:

1. Community members improved knowledge of research to gain capacity to complete the collection, analysis and reporting of data relevant to the community.
2. Researchers' improved knowledge of working with the community to ensure research is both relevant and applicable.
3. Improved communication and working relationships between researchers and community members.

4. Improved practice, research and/or policy by carefully determining how improvements in these areas will be explored captured, and assessed.
5. Increase in key deliverables identified by the collaboration including such things as presentations, information sheets, summary reports and published studies in peer-reviewed journals.

DISCUSSION AND CONCLUSIONS

This chapter is an attempt at an aggregation and interpretation of qualitative research, applied to the issue of researcher and non-researcher collaborations. It stems from the need to systematically synthesize the current literature on collaborative teams as more funding bodies and institutions are requiring the use of collaborative teams. The choice for qualitative data aggregation and interpretation methods in the present review was to gain further insight into collaborative teams. Although there are wide variations of methods and underlying theoretical assumptions of the included studies, the review provides some important information about the factors for effective collaboration.

This systematic synthesis of qualitative studies provides a substantial contribution to researchers and non-researchers coming together to collaborate on shared visions and goals. This study provides key facilitators and barriers that have been identified in the qualitative literature of included studies.

On the other hand, several important limitations of this review and of the existing evidence of collaboration are important to note. Regarding the design of the review, our choice of English-only papers and not involving other sources for the information retrieval strategy (hand searching, references checking, grey literature, and expert consultation) could potentially have excluded some important publications. Also, the literature regarding collaborative teams tends to be descriptive rather than analytic, and our chapter reflects this limitation. Since this is a relatively new field of scientific inquiry, more efforts will need to be made in future studies to improve the methodological designs established to evaluate the process and outcomes of researcher and community-based collaborations. Future studies should consider evaluation of the collaboration at the beginning planning stage instead of waiting until the end of the collaboration to provide reflections of the process and whether any gains were made by coming together as a group.

The systematic synthesis of qualitative studies provides information about the expectations, evaluations, roles and responsibilities, and reasons for staying involved within collaborative initiatives between researchers and non-researchers in the community. Meta-data analysis revealed several elements that seem critical for successful collaborations including involvement of a diverse team, mutual benefits, leadership, clear direction, embracing ambiguity, constant contact, commitment, attention to the relationship, communication, bi-directional respect, bi-directional trust, characteristics of the team members, and lucky connections.

For collaboration to be effective it must be a joint venture of researchers and community members coming together for shared purposes and goals and it should be a cooperative process in which the participants willingly participate and share in planning and decision making from the onset. All team members should share responsibility for the process and the outcomes of the collaboration while ensuring that the venture has strong leadership and clear roles for all members.

Several of the analyzed collaborations were aiming at building a community's capacity to act, then at improving practices, research development and policies. A closer look at the impacts of these collaborations reveals that several also indicated a better understanding by community members of the problem at hand and of doing research. However, very few mentioned the impacts on the population's well-being. Although targeted and reached themes were necessary, we do not know to what extent they were sufficient in addressing various aspects of the population's well-being.

In a context of child protection, future collaborative research projects should ultimately aim at improving the well-being of children, at measuring various aspects of this well-being, with the objective of getting intermediate results and analyzing how they relate to one another, namely through path analysis. Also, future assessments of collaborative research should measure what types of outcomes are linked to what types of processes. Finally, they should also consider an ecosystemic approach with an external assessor.

REFERENCES

- Altman, D. G. 1995. Sustaining interventions in community systems: On the relationship between researchers and communities. *Health Psychology* 14: 526-536.
- Anderson, N., P. Herriot, and G. P. Hodgkinson. 2001. The practitioner-researcher divide in industrial, work and organizational (IWO) psychology: Where are we now, and where do we go from here? *Journal of Occupational and Organizational Psychology* 74: 391-411.
- Bertero, C., and M. Chamberlain Wilmoth. 2007. Breast cancer diagnosis and its treatment affecting the self: A Meta-Synthesis. *Cancer Nursing* 30 (3): 194-202.
- Borthwick, A. G. 1995. *School-university-community collaboration: establishing and maintaining partnerships for school improvement*. Paper presented at The Annual Meeting of the American Educational Research Association, San Francisco, April.
- Boutilier, M., R. Mason, and I. Rootman. 1997. Community action and reflective practice in health promotion research. *Health Promotion International*, 12 (1): 69-78.
- Bowen, S., and P. J. Martens. 2006. A model for collaborative evaluation of university-community partnerships. *Journal of Epidemiology and Community Health* 60: 902-907.
- Boydell, K. M., D. A. Jadaa, and J. Trainor. 2004. A benefit for everyone: Family-researcher collaboration in the mental health field. *The Canadian Journal of Program Evaluation* 19 (3): 55-70.
- Broner, N., M. Franczak, C. Dye, and W. McAllister. 2001. Knowledge transfer, policymaking and community empowerment: A consensus model approach for providing public mental health and substance abuse services. *Psychiatric Quarterly* 72: 79-102.
- Bronfenbrenner, U. 1979. *The ecology of human development*. Cambridge: Harvard University Press.
- Bronfenbrenner, U. 1996. Le modèle Processus-Personne-Contexte-Temps dans la recherche en psychologie du développement: Principes, applications et implications. In R. Tessier and G. M. Tarabulsy (eds.), *Le modèle écologique dans l'étude du développement de l'enfant* (pp. 9-59). Québec, QC: Presses de l'Université du Québec.
- Buckeridge, D. L., R. Mason, A. Robertson, J. Frank, R. Glazier, L. Purdon, C. G. Amrhein, N. Chaudhuri, E. Fuller-Thomson, P. Gozdyra, D. Hulchanski, B. Moldofsky, M. Thompson, and R. Wright. 2002. Making health data maps: A case study of a community/university research collaboration. *Social Science & Medicine* 55: 1189-1206.

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- Campbell, J. C., J. Dienemann, J. Kub, T. Wurmser, and E. Loy. 1999. Collaboration as a partnership. *Violence Against Women* 5 (10): 1140-1157.
- Canadian Health Services Research Foundation. 2008. *Glossary of knowledge exchange terms as used by the Foundation*. http://www.fcrss.ca/keys/glossary_e.php
- Canadian Institutes of Health Research. 2002. *Knowledge translation strategies for health research* (Archived) <http://www.cihr-irsc.gc.ca/e/4342.html>
- CHSRF. 2007. Can this collaboration be saved?: Twenty factors that can make or break any group effort. *Insight and Action* 6. http://www.chsrf.ca/other_documents/insight_action/pdf/insight%20action%206%20e.pdf
- CIHR. 2004. *Knowledge translation strategy 2004-2009*. Ottawa, ON: Her Majesty the Queen in Right of Canada. <http://www.cihr-irsc.gc.ca/e/26574.htm>
- CIHR. 2008. *About knowledge translation: The KT portfolio at CIHR*. Ottawa, ON. <http://www.cihr-irsc.gc.ca/e/29418.html>
- Cochrane, A. L. 1972. *Effectiveness and efficiency: Random reflections on health services*. London: Nuffield Provincial Hospitals Trust.
- Comité sur le continuum de services spécialisés destinés aux enfants, aux jeunes et à leur famille. 2004. *De la complicité à la responsabilité*. Québec, QC: Direction générale des services sociaux du ministère de la Santé et des Services sociaux.
- Cotter, J. J., E. A. Welleford, K. Vesley-Massey, and O. Thurston. 2003. Town and gown: Collaborative community-based research and innovation, *Family & Community Health* 26 (4): 329-337.
- Dallaire, M. 2002. *Cadres de collaboration des approches participatives en recherche: Recension d'écrits*. Chaire Approches communautaires et inégalités de santé, Montréal. <http://www.cacis.umontreal.ca/actualite.asp>
- Desgagné S., N. Bednarz, P. Lebuis, L. Poirier, and C. Couture. 2001. L'approche collaborative de recherche en éducation: un nouveau rapport à établir entre recherche et formation. *Revue des sciences de l'éducation* 27 (1): 33-64.
- Estabrooks, C., P. A. Field, and J. M. Morse. 1994. Aggregating qualitative findings: an approach to theory development. *Qualitative Health Research* 4: 503-511.
- Flocks, J., L. Clarke, S. Albrecht, C. Bryant, P. Monaghan, and H. Baker. 2001. Implementing a community-based social marketing project to improve agricultural worker health. *Environmental Health Perspective* 109 (3): 461-468.
- Frank, F., and A. Smith. 2000. *The partnership handbook*. Minister of Public Works and Government Services Canada. http://www.hrdc-drhc.gc.ca/redirect_hr.html

- Freire, P. 1970. *Pedagogy of the oppressed*. New York: Seabury Press.
- George, A., M. Daniel, and L. W. Green. 1998-1999. Appraising and funding participatory research in health promotion. *International Quarterly of Community Health Education*, 18 (2):181-197.
- Government of Canada. 2004. *A Canada fit for children. Canada's follow-up to the United Nations General Assembly special session on children*. Ottawa, ON: Government of Canada.
- Groupe de travail pour les jeunes. 1991. *Un Québec fou de ses enfants*. Quebec, QC: Ministère de la Santé et des services sociaux.
- Hagey, R. S. 1997. La recherche participative: Utilité et abus. *Maladies chroniques au Canada* 18 (1): 1-5.
- Hall, B. L. 1975. Participatory research: An approach for change. *Convergence* 8 (2): 24-31.
- Hall, B. L. 1981. Participatory research, popular knowledge and power: A personal reflection. *Convergence* 14 (3): 6-17.
- Jensen, L. A., and M. N. Allen. 1996. Meta-synthesis of qualitative findings. *Qualitative Health Research* 6 (4): 553-560.
- Jensen, P. S., K. Hoagwood, and E. J. Trickett. 1999. Ivory towers or earthen trenches?: Community collaborations to foster real-world research. *Applied Developmental Science*, 3: 206-212.
- Jones, M. L. 2004. Application of systematic review methods to qualitative research: practical issues. *Journal of Advanced Nursing* 48 (3): 271-278.
- Jordan, J. R. 2000. Research that matters: Bridging the gap between research and practice in thanatology. *Death Studies*, 24: 457-467.
- Kremer-Hayon, L. 1994. *School-university collaboration: Its efficacy in professional development schools*. Report ED374695, U.S. Department of Education, Office of Education Research and Improvement.
- Landry, C., L. Savoie-Zajc, and M. Lauzon. 1996. Des expériences de partenariat en Amérique du Nord: sens, conditions d'émergence et de développement. In O. Galatanu, R. Toussaint, D. Zay, M. Debeauvais, R. Lallez, F. Orivel, J.-J. Paul, and M. Sutherland (eds.), *Modèles, transferts et échanges d'expériences en éducation: Nécessité d'une analyse conceptuelle et d'une réflexion méthodologique* (pp. 149-170). Paris: Association francophone d'éducation comparée.
- Lane, J., S. Turner, and C. Flores. 2004. Researcher-practitioner collaboration in community corrections: overcoming hurdles for successful partnerships. *Criminal Justice Review* 29 (1): 97-114.

Research-Community Partnerships in Child Welfare

- Lantz, P. M., E. Viruell-Fuentes, B. A. Israel, D. Softley, and R. Guzman. 2001. Can communities and academia work together on public health research?: Evaluation results from a community-based participatory research partnership in Detroit. *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 78 (3): 495-507.
- Lemmer, B., R. Grellier, and J. Steven. 1999. Systematic review of nonrandom and qualitative research literature: Exploring and uncovering an evidence base for health visiting and decision making. *Qualitative Health Research* 9 (3): 315-328.
- Léveillé, S., C. Chamberland, and A. Tremblay-Renaud. 2007. Quand le développement personnel des parents compromet aussi celui de leurs enfants: Etat de la situation. In C. Chamberland, S. Léveillé, and N. Trocmé (eds.), *Enfants à protéger - Parents à aider. Des univers à rapprocher* (pp.6-66). Quebec, QC: Presses de l'Université du Québec.
- Léveillé, S., and V. Bouchard. 2007a. Des univers parallèles?: In C. Chamberland, S. Léveillé and N. Trocmé (eds.), *Enfants à protéger - Parents à aider. Des univers à rapprocher* (pp. 7-29). Quebec, QC: Presses de l'Université du Québec.
- Léveillé, S. and V. Bouchard. 2007b. Prendre le risque d'intervenir ensemble: forum sur les politiques sociales. In C. Chamberland, S. Léveillé and N. Trocmé (eds.), *Enfants à protéger - Parents à aider. Des univers à rapprocher* (pp. 345-360). Quebec, QC: Presses de l'Université du Québec.
- Levin, R. 1999. Participatory evaluation: Researchers and service providers as collaborators versus adversaries. *Violence Against Women*, 5: 1213-1227.
- Lewin, K. 1948. *Resolving social conflicts: Selected papers on group dynamics*. Gertrude W. Lewin (ed.). New York: Harper & Row.
- Lombard, J. 2006. *Aspects de la technè: L'art et le savoir dans l'éducation et dans le soin. Le Portique, e-portique 3, Soins et éducation* (1). <http://leportique.revues.org/document876.html>
- MacDonald, C. J., E. J. Stodel, L. Casimiro, and L. Weaver. 2006. Using Community-based participatory research for an online dementia care program. *Canadian Journal of Program Evaluation* 21 (2): 81-104.
- Maciak, B. J., R. Guzman, A. Santiago, G. Villalobos, and B. A. Israel. 1999. Establishing LA VIDA: A community-based partnership to prevent intimate violence against Latina women. *Health Education & Behavior* 26 (6): 821-840.
- Mayer, J., R. Soweid, S. Dabney, C. Brownson, R. Goodman, and R. Brownson. 1998. Practices of successful community coalitions: A multiple case study. *American Journal of Health Behavior* 22: 368-377.
- McCauley, L. A., M. Beltran, J. Phillips, M. Lasarev, and D. Stiker. 2001. The Oregon migrant farmworker community: An evolving model for participatory research. *Environmental Health Perspectives* 109 (3): 449-455.

- McCrystal, P., and A. Godfrey. 2001. Developing a researcher-practitioner partnership for the effective evaluation of professional social work training. *Social Work Education* 20 (5): 539-549.
- Mercer, S. L., G. MacDonald, and L. W. Green. 2004. Participatory research and evaluation: from best practices for all states to achievable practices within each state in the context of the Master Settlement Agreement. *Health Promotion Practice* 5 (3): 167S-178S.
- Ministère de l'Éducation du Québec. 2003. *Two networks, one objective: The development of youth. Agreement for the complementarity of services between the health and social services network and the education network*. Quebec, QC: Ministère de l'Éducation.
- Minkler, M., V. B. Vasquez, J. R. Warner, H. Steussey, and S. Facente. 2006. Sowing the seeds for sustainable change: a community-based participatory research partnership for health promotion in Indiana, USA and its aftermath. *Health Promotion International* 21 (4): 293-300.
- Morrison, T. 1996. Partnership and collaboration: Rhetoric and reality. *Child Abuse and Neglect* 20 (2): 127-140.
- Mullen, E. J. 2002. Problem formulation in practitioner and researcher partnerships: A decade of experience at the Center for the Study of Social Work Practice. *Social Work Education*, 21: 323-336.
- Myers-Walls, J. A. 2000. An odd couple with promise: Researchers and practitioners in evaluation settings. *Family Relations*, 49: 341-347.
- Oakes, J., S. E. Hare, and K. A. Sirotnik. 1986. *Collaborative inquiry: A congenial paradigm in a cantankerous world*. Paper presented at the 69th Annual Meeting of the American Educational Research Association, Chicago, March-April.
- Ontario Ministère des Services sociaux et communautaires. 1998. *Investir dans l'enfance : nouvelles orientations relatives au traitement de l'enfant et à l'intervention en faveur de l'enfant et de la famille*. Toronto, ON: Ministère des Services sociaux et communautaires.
- Paterson, B. L., S. E. Thorne, C. Canam, and C. Jillings. 2001. *Meta-study of qualitative health research: A practical guide to meta-analysis and meta-synthesis*. Newbury Park, CA: Sage Publications.
- Plumb, M., W. Price, and M. H. Kavanaugh-Lynch. 2004. Funding community-based participatory research: lessons learned. *Journal of Interprofessional Care* 18 (4): 428-39.
- Provincial and Territorial Directors of Child Welfare (editing by Jay Rodgers). 2003. New directions in child welfare. In N. Trocmé, D. Knoke, and C. Roy (eds.), *Community collaboration and differential response: Canadian and international research* (pp. 1-13). Ottawa, ON: Child Welfare League of Canada.

Research-Community Partnerships in Child Welfare

- Quebec. Ministère de la Santé et des Services sociaux. 1998. *Agissons en complices : pour une stratégie de soutien du développement des enfant et des jeunes*. Quebec, QC: Ministère de la Santé et des Services sociaux.
- Raphael, D. 2009. Escaping from the phantom zone: Social determinants of health, public health units and public policy. *Journal of Health Promotion International* 24: 193-198.
- Rappaport, J. 1977. *Community psychology: Values, research, & action*. New York: Holt, Rinehart & Winston.
- Rawson, R. A., and C. Branch. 2002. Connecting substance abuse treatment and research: Let's make a deal. *Journal of Drug Issues* 32: 769-782.
- Rawson, R. A., P. Marinelli-Casey, and W. Ling. 2002. Dancing with strangers: Will U.S. substance abuse practice and research organizations build mutually productive relationships? *Addictive Behaviors* 27: 941-949.
- Reason, P. 1994. *Participation in human inquiry*. Newbury Park, CA: Sage Publications.
- Reback, C. J., A. J., Cohen, T. E. Freese, and S. Shoptaw. 2002. Making collaborations work: Key components of practice/research partnerships. *Journal of Drug Issues* 32: 837-848.
- Saini, M., and Shlonsky, A. in press. *Systematic synthesis of qualitative research: A pocket guide for social work research methods*. New York: Oxford University Press.
- Sandelowski, M., and J. Barroso. 2006. *Handbook for synthesizing qualitative research*. New York: Springer Publishing Company.
- Schulz, A. J., B. A. Israel, E. A. Parker, M. Lockett, Y. Hill, and R. Wills. 2001. The East Side Village Health Worker Partnership: Integrating research with action to reduce health disparities. *Public Health Reports* 116 (6): 548-57.
- Shapiro, D. L., and A. Rinaldi. 2001. Achieving successful collaboration in the evaluation of sexual assault prevention programs: A case study. *Violence Against Women* 7: 1186-1201.
- Silverman, P. R. 2000. Research, clinical practice, and the human experience: Putting the pieces together. *Death Studies* 24: 469-478.
- Smith, P., and K. Bryan. 2005. Participatory evaluation: Navigating the emotions of partnerships. *Journal of Social Work Practice* 19 (2): 195-209.
- Spear, S., and R. A. Rawson. 2002. Linking researchers and practitioners in the substance abuse field: Perspectives of two "bridgers". *Journal of Drug Issues* 32: 881 -892.
- Stoecker, R. 1992. Who takes out the garbage? Social reproduction and social movement research. In G. Miller, and J. A. Holstein (eds.), *Perspectives on social problems* (pp. 239-264). Greenwich, CT: JAI Press.

- Stoecker, R. 1993. The federated front-stage Structure and localized social movements: A case study of the Cedar-Riverside neighborhood movement. *Social Science Quarterly* 74: 169-184.
- Telleen, S., and J. Scott, 2001. The Infant Mortality Reduction Initiative: Collaborative database design improves health outcomes. In M. Sullivan, and J. G. Kelly (eds.), *Collaborative research: University and community partnership* (pp. 63-84). Washington, DC: American Public Health Association.
- Thorne S. E., A. D. Henderson, G. I. McPherson, and B. K. Pesut. 2004. The problematic allure of the binary in nursing theoretical discourse. *Nursing Philosophy* 5: 208– 215.
- Trocmé, N., and C. Chamberland. 2003. Re-involving the community: The need for a differential response to rising child welfare caseloads in Canada. In N. Trocmé, D. Knoke, and C. Roy (eds.), *Community collaboration and differential response: Canadian and international research* (pp. 32-48). Ottawa, ON: Child Welfare League of Canada.
- Trocmé, N., D. Knoke, and C. Roy. 2003. Introduction. In N. Trocmé, D. Knoke, and C. Roy (eds.), *Community collaboration and differential response: Canadian and international research*. Ottawa, ON: Child Welfare League of Canada.
- Tsui, L., S. A. Chapman, L. Schnirer, and S. Stewart. 2006. *A handbook on knowledge sharing: Strategies and recommendations for researchers, policymakers, and service providers*. Community-University Partnership for the Study of Children, Youth, and Families: Edmonton, AB. http://www.ice-rci.org/research_ops/Knowledge_Sharing_Handbook.pdf
- Zimmerman, J. B. 1998. Nomadisme et ancrage territorial: Propositions méthodologiques pour l'analyse des relations firmes-territoires. *Revue d'économie régionale et urbaine* 2: 211-230.

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