

Researching partnerships: politics, ethics and pragmatism

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Abstract

This paper explores some of the political, ethical and practical issues encountered by researchers in studies of partnership. It briefly reviews different types of research and evaluation and the extent to which these have been politically driven. Because much partnership research is both atheoretical and ahistorical, this paper considers some of the implications of applying different conceptual frameworks, such as systems theory, complexity theory and network theory. It concludes that without more strategic steps from central government to address entrenched inequalities, much partnership working is likely to remain ineffective in improving people's lives.

Keywords: Partnerships, user involvement, complexity theory, networks, communities of practice

Introduction

Although collaborative or joint working was a feature of government policy throughout the 1990s, the emphasis after 1997 can be seen to represent a 'paradigm shift' in thinking about the delivery of welfare (Newman, 2001). When Marilyn Taylor and I embarked on editing a collection of papers on partnership working in 2000, we probably underestimated the popularity of the political ideology on which the concept was based, not expecting the book to be reprinted for a second time in 2007 (Balloch & Taylor, 2001). It is worth reflecting on the reasons for this.

Firstly, there is widespread acceptance that partnership is preferable to the unfettered workings of the market; secondly, the logic of partnership, in terms of value for money and seamless working, appears self-evident; thirdly, advances in information technology support the idea that partnerships are now easier to develop because information can be safely and easily shared; fourthly, bringing all stakeholders together and breaking down professional boundaries through inter-agency working seems bound to benefit those using services. Finally, partnership is seen as a way of involving

consumers/citizens in service delivery and empowering them by giving them greater choice and control over those services they receive. That there is fairly limited research evidence on which to base such thinking has gone almost unremarked.

In 2000 a systematic review of joint working identified just thirty two studies out of the 491 considered which demonstrated relevant research (Cameron *et al.*, 2000). It noted three major research categories which included organisational issues such as aims, roles, support, communications, co-location, resources and past history; cultural and professional issues including stereotypes, trust and respect, joint training and differing ideologies; and contextual issues such as political climate, constant reorganisation, coterminosity and financial uncertainty. A more recent survey focusing on strategic partnerships for children (Percy-Smith, 2005), created a slightly different typology of research and evaluation into partnerships including research and evaluation reports, analysis of cross-cutting issues, e.g. inter professional working, toolkits and guides, and theoretical overviews and syntheses. Both of these reviews reveal, unsurprisingly, that it is much easier to research process and context than outcomes.

Available research tends to be focused on the voluntary and statutory sectors, particularly those involved in health and social care, and this is what this paper will consider. This is not to disregard some interesting material on public/private partnerships such as in Glendinning *et al.*'s edited collection (2002) in which Rummery observes that government has little power to enforce partnership working on private companies. Rummery also notes these are usually in the most powerful position in any partnership arrangement, they are more likely to profit from a partnership than the public sector. It does seem surprising though that there is little research into collaboration between private and public agencies in those social services in which the private sector is the majority provider, i.e. in residential and home care.

Most relevant research reports have been initiated and supported by central or local government departments or health agencies, suggesting an urgency to evaluate and confirm the validity of a 'partnership' approach. There are some who would argue, of course, that research and evaluation are two different activities, often because they ask rather different sorts of questions, but I would argue that 'evaluation' is a creditable type of research when carried out according to accepted canons of validity using both quantitative and qualitative approaches. Examples of major, national evaluations of initiatives in which partnership is a central ingredient include the evaluation of neighbourhood renewal projects (Beatty *et al.*, 2007), Sure Start (Tunstill & Allnock, 2007) and the Children's Fund (Barnes & Morris, 2007). There is much of interest to be found in these.

National evaluations usually define a set of indicators by which to measure progress. Ambrose (2005) has, however, challenged the validity of these national indicators for defining local progress by showing that mandatory indicators are often poorly

related to what residents of regeneration areas really want. Indicators suggested by local residents related to areas left out of the national evaluation, such as substance misuse, bullying and harassment, childcare, and difficulties with benefit agencies. These were issues neglected by the national evaluation but which local people felt, if resolved, would make a great difference to their quality of life. To measure the effectiveness of partnership working in the East Brighton area, Ambrose used three types of indicators related to structure, process and outcomes as defined by the community after fully participative discussions.

These categories were similar to those used in the national evaluation of Sure Start. Sure Start had a high rate of inter-agency involvement, including staff from primary care trusts, education, social services, voluntary organisations and the community. Surprisingly, however, 25% of its case study areas lacked any existing arrangements for partnership working. A literature review undertaken for the Sure Start evaluation focused on joined up working with children and families, multi-agency working and multi-disciplinary work in the context of child protection. It noted the importance attached to the following seven characteristics of effective partnership working:

- *Clarity and agreement around respective aims and objectives;*
- *Transcending barriers generated by traditional ways of working;*
- *Strategic level commitment;*
- *Clearly identified roles and responsibilities;*
- *Protocols and procedures for information sharing;*
- *Co-location of services;*
- *A robust training strategy.*

(Tunstill & Allnock, 2007, p. 11)

Using case studies in four local authorities, Tunstill and Allnock explored the ways in which these aspects of good practice were developed in the early stages of the *Every Child Matters* change programme. Regardless of the style of model each local authority adopted, all found that forging inter-agency links was a very complex process dependent on efficient 'complementary methods' around assessment and recording. They also found that the costs of involving, training and supporting experienced staff in partnership working were very high.

Theorising partnerships

Research into partnerships has, with some justification, been criticised for being theoretically underdeveloped (McDonald, 2005). One way of theorising partnerships, as McDonald emphasises, is to see them as part of a new, networked form of governance in which the emphasis is on user empowerment and citizenship. McDonald quotes Newman's fourfold model, each aspect of which is based on a particular form of power, as in: the hierarchy model of quasi-partnership, the rational model of strategic partnership, the open systems model (which lies between a strategic and a communicative partnership), and the self-governance model which is a fully communicative partnership (Newman, 2001). McDonald's purpose is to challenge the rhetoric that surrounds partnership, particularly in relation to empowerment within communicative style models.

Rummery's conclusion - that partnership working often strengthens the hand of the state or of the most powerful in a partnership and is not necessarily a feature of networked governance - resonates with this. She found "little evidence to suggest that partnership working delivers improved services to users" and that it could sometimes even have a negative effect (Rummery, 2002, p. 243). This view has been more recently reiterated in a themed

section of *Social Policy and Society* (April 2006) which points to the lack of any substantial body of empirical work showing that welfare partnerships lead to improved outcomes for users and communities. It also confirms the difficulties that partnership working has in putting user and carer engagement at the forefront of activity (Hudson, 2006).

One of the problems here is that definitions of outcomes continue to prove elusive. It is not just that different groups have different aspirations, as shown in Ambrose's (2005) research, but that outcomes are complex and require lengthy periods for assessment. There is also a tension between quantitative and qualitative assessment of outcomes, with the former preferred by statutory bodies even though they may be based on arbitrary statistics rather than on the views of professionals and service users. Even more difficult is ascertaining the extent to which an outcome is the result of a partnership or of some other influence.

Another approach, typified by Pratt *et al.* (1998), is to see partnerships in the context of whole systems along a spectrum in which relationships may range from purely competitive to co-operative, co-ordinated or totally integrated, with most partnership arrangements sitting somewhere in the middle and few genuinely sharing aims and pooling authority. Their categories, as in Newman *op cit.*, give us some useful tools for judging the extent of partnership working, particularly how far goals are shared and help to dispel some of the euphoric myths about what 'partnership' means.

Complexity theory

A further interesting approach can be derived from applications of chaos and complexity theory (see Downs in this issue). Chaos theory recognises how very tiny changes in initial conditions can, over time, create large-scale change. Similarly,

complexity theory emphasises the unpredictable nature of systems and is interested in the ways in which non-linear change and emerging new forms of order are based on a complex of interests.

When evaluating partnership working we nearly always think in terms of the interlocking of different ‘systems’ – health, education, social services, etc. when, in fact, these so-called systems are in no sense clear and comprehensible to those working within them, let alone those outside, and often defy clear description. What we think of as a system is much more likely to be a very complex arrangement of different parts that may work together under one label but are very often not co-located nor even cognisant of how related agencies work.

An evaluation of the ways in which ‘winter pressures’ moneys were being spent in West Sussex provided a good example of this. To try to work out how these moneys were being spent, let alone to see if they were producing good outcomes, we had to produce maps of hospitals, social services areas, step up and step down beds, home care services and so forth which surprised the staff, let alone ourselves, in their complexity (see Balloch *et al.*, 2005). Such complex systems are known to place “more importance on the individual actor and the constant creative feedback between system and individual” (Haynes, 2003, p. 26), with particular significance attached to leadership and to trust. Research has not really focused on these two factors in any detail although there is some data on increased trust in services in the neighbourhood renewal evaluation by Beatty *et al.* (2007).

Network theory

Network theory has been applied to the study of partnerships. Looking at partnership working in Scotland, Hudson (2007) identifies three types of network associated with increasing degrees of complexity – integrated pathways, managed

clinical networks and managed care networks. He argues that the current trend in Scotland is towards networks of high complexity which cut across organisational boundaries and have a whole person, whole system focus in a firmly mandated relationship. Managed networks require both top down management and bottom up participation, with leadership that inspires commitment and good relationships, but remain as virtual organisations rather than creating another tier of bureaucracy. Here again, however, there is little real research evidence that networks are effective. Evaluation could be based on their contribution to communities and individuals, retention of membership, range of services covered, strengths of relationships, efficiency of the ‘network office’, and extent to which they meet the needs of participants.

Communities of practice

The concept of ‘communities of practice’ is closely related to network theory although derived from thinking about knowledge management and learning (Wenger *et al.*, 2002). The development of such virtual communities can be attributed firstly to information technology, with the web allowing knowledge transfer on an unprecedented scale, and secondly to interest in recognising that knowledge is a strategic asset. Such virtual communities evolve when there is a shared agenda of which different individuals and agencies are supportive. They challenge conventional boundaries and encourage individuals to look afresh at their ways of working. We have found the concept valuable in both developing and evaluating Brighton University’s Community University Partnership. As Hart and Wolff (2006) observe:

(the) analytic focus on practice, rather than organisational or even physical locality, helps us pay attention to what people actually do, or can do, for

relationships and projects to move forward. Hence a shared passion is identified as a helpful force in cultivating shared working, in contrast to, for example, formal organisational teams where job requirements are the drivers. (p. 130)

As with complex networks, strong leadership, equal participation and trust developed between participants are essential ingredients in sustaining the community. There is a tension here in regard to how organisations may develop and provide support. Ideally they will facilitate the growth of the community, providing the essential time, technology and travel costs needed, but not trying to institutionalise and control it. This supposes a willingness to co-operate and withdraw from competition on the part of those involved which is not always present.

Edwards (2007) has drawn on the National Evaluation of the Children's Fund (NECF) (2003-2006) and an ESRC-funded Interagency Working Project to explore interagency collaboration aimed at early interventions with vulnerable children and young people. The Fund's aim was to achieve prevention through partnership working and participation while the project's aim was to look at how professionals learnt to work collaboratively to prevent social exclusion. As in the communities of practice analysis, Edwards focuses on the range of professional knowledge distributed across organisations. She emphasises the importance of making expertise both public and accessible, "eroding the mystique of specialist professional knowledge" (p. 261) without demanding a move to an all-purpose type of practitioner. Her findings from the NECF were positive:

In NECF we found aspects of this form of negotiated responsive and adaptive practice. We observed practitioners who were hacking new local trails along

which they were guiding children and families so that they could access the expertise of other professionals. We also know that these trails were given impetus by the way the Children's Fund workers brought practitioners together to discuss their work and the resources they had available. (Edwards, 2007, p. 261)

Overall, therefore, the knowledge exchange developed through partnership working was judged to have supported the resilience of children and families.

While it is gratifying, for once, to locate positive and grounded evidence, this should not encourage us to ignore the considerable problems that such communities of practice face. Firstly, they are dependent on being able to exchange knowledge safely and effectively. This requires agreed boundaries of confidentiality, up to date technology, and, in the case of databases, information formatted in compatible and shared spreadsheets. There are numerous examples of the difficulties entailed in the latter.

Secondly, the trust that has to be built between individuals in a community of practice takes time to establish and requires a degree of stability in the workforce. This is difficult when major re-organisations occur with such regularity in health and social care as they do in England. Pollitt (2006), in an unpublished seminar paper, made this point forcefully in an analysis of organisational change in the Major/Blair era, noting:

Few countries could match this talk of relentless re-structuring, partly because there are few countries in which the political and legal procedures for changing the structures of public organisations are so easy as in the UK and so totally within the control of a one-party central executive.

Instability is further exacerbated by uncertain funding for the voluntary sector

and the short-termism associated with many government funded initiatives.

Thirdly, accountability is an issue which communities of practice are not well-placed to address. Line management and responsibility for clients usually remains firmly based in separate organisations. Where priorities and cultures are different, tensions and conflicts can easily arise which no virtual community has the power to resolve.

Ethics and governance

Researching partnerships has become more difficult in the last few years because of the different ethics and governance approvals required. Where both health and social care agencies are involved, permissions are necessary from both Local Research Ethics Committees (LRECs) as well as governance approval. Local authority approval is also required through different procedures. This is very time consuming for researchers and, in a small project, may eat up much of the budget before work has started. In our local area – East and West Sussex and Brighton & Hove – we are, perhaps, more fortunate than in other areas as systems for ethics and governance approval are well developed. Even so, a recent hospital discharge study still ran into difficulties because the only permitted access to those discharged was through hospital staff, with university researchers not allowed to make a direct approach to ex-patients. Unsurprisingly, the response rate for discharged interviewees was poor and it was therefore very difficult to assess the outcomes of joint working for patients. Ethics issues in health and social care research are well documented in Leathard and McLaren's edited text (2006).

Conclusion

While discussions of partnership in academic papers tend to express disillusion with its effectiveness and exasperation with its vagueness, politically partnership has

held its place as a major policy platform. At grass-roots too, many in health and social care have accepted the validity of the ideas in which it is grounded and tried to implement them. Looking just at the distribution of the social work workforce, for example, at least 25% of social workers now work in health settings, compared with a much smaller number in the 1990s. Shared protocols for hospital discharge are commonplace even if not well implemented. Partnership initiatives, such as the Partnership for Older People Programme (POPP) are still getting off the ground. Our Brighton Making Research Count seminars, originally designed for social work staff, are now very well supported by health staff sponsored through SERDSU - the NHS funded Sussex Education and Research Development Support Unit. The significance and depth of recent inter-professional debate on issues such as looked after children, elder abuse, managing change and so forth are impressive and indicate a groundswell of support for partnership working and a belief among professionals that it is improving services.

We should not be misled into thinking, however, that partnerships can provide a panacea for society's ills. A recent report from the Joseph Rowntree Foundation on inequalities (Dorling *et al.*, 2007) showed headline poverty levels rising (headline poor are those excluded from normal social life because they live below a relative poverty line) and socioeconomic and geographical polarisation of the rich and the poor increasing. There are now some city areas where half the households can be described as 'headline poor'. Partnership working in regeneration areas, with children, older people or any other group, can do little to redress such inequalities and is made more difficult by the power differentials that such inequality creates. Without more strategic steps from central government to address entrenched inequalities, much partnership working is

likely to remain ineffective in improving people's lives.

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