

Partnerships: A Mechanism for Local Alcohol Policy Implementation

Background

Following the election of New Labour in 1997, partnership working has become widely accepted across policy domains as an appropriate model for the development of policy, strategy and service delivery at local level.

Collaborative working – by whatever label – is not new in the alcohol field. Past attempts have included the formation of local Alcohol Forums, the appointment of regional alcohol misuse co-ordinators and efforts to encourage districts to develop alcohol strategies based on a multi-agency approach to service delivery. But over the past decade, stimulated by the Alcohol Harm Reduction Strategy for England and subsequent policy, there has been a shift towards the establishment of a more structured, regulated and co-ordinated local infrastructure for policy formation and service delivery. Partnerships are seen as a key mechanism for ensuring that local needs are addressed by strategically coordinated action.

The advantages and challenges of partnership working have been well researched and documented in some policy areas and this body of literature has resulted in sets of principles and guidelines for partnership working. But in the alcohol field, despite the apparent consensus which surrounds the use of a partnership approach, we know very little about how partnerships have evolved or how effective they are as a method of developing and implementing local policy. The research reported here set out to examine the contemporary situation regarding alcohol partnerships and to investigate the perceptions and experiences of stakeholders and their views on the potential of partnership working to address alcohol-related harm.

Aims and research questions

The research aimed to provide an overview of partnerships in England based on the accounts and perceptions of professionals who were asked to describe their main partnership and reflect on its role, functioning, barriers to effective working and achievements. We did not set out to measure outcomes or to evaluate the effectiveness of partnerships. Thus, the findings reflect study participants' own assessments of their partnerships and their views on the successes and challenges to partnership working. At the same time, we wanted to provide a critical examination of the use of a 'partnership model' as a way of delivering policy at local level, and to consider what lessons can be learned from past and current experiences.

The main questions we wanted to explore were:

- What are the wider policy contexts within which partnerships in the alcohol field have emerged and developed over recent decades and how is partnership working influenced by national and local policy contexts?
- What are the assumptions and expectations underpinning partnership approaches held by key people at national and local levels and what are partnerships intended to achieve?
- What kinds of partnerships are there and how is their effectiveness assessed by a sample of professionals involved in their operation?
- What can we learn from informants' accounts about the dynamics of partnership working?
- Are there tensions between the need for partnerships to respond to national targets while operating





in very diverse local situations?

- What do partners see as the challenges and opportunities in partnership working, the factors influencing (and barriers to) partnership working within different local contexts?
- Do informants feel that their partnerships can help to achieve change in alcohol-related harms?

Methods

The data was collected in three main phases:

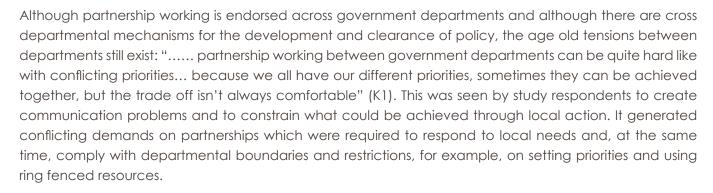
In phase one, 17 key informants were interviewed using open ended discussion schedules. Interviewees were chosen to provide: insights into the development of partnership approaches over the previous two to three decades; perspectives from individuals working at national, regional and local levels; and to include individuals coming from a range of different professional backgrounds within health and criminal justice agencies predominantly.

Phase two consisted of a semi structured telephone interview with alcohol co-ordinators/ leads at local level. The sample was indentified using: a) information from Regional Alcohol Managers; b) lists of individuals involved in Crime and Disorder Reduction Partnerships (CDRP/CSPs); 'snowballing' – individuals contacted passed on the request to more appropriate colleagues. The survey was conducted by email with telephone follow-up. In the event, almost all responses (90) were telephone interviews which allowed for a less structured approach.

The final phase of the research used a 'case study' approach to explore a number of issues in more depth. Open ended, recorded interviews were conducted with individuals involved in partnership working in two areas. In one area, 12 people were interviewed to explore rural issues in partnership approaches. In the other case study, eight interviewees were asked about working in an area with non-coterminous boundaries.

Findings

Alcohol partnerships have increased in number, size and complexity over the last decade. Current partnerships have become more structured and formalised and are linked to (and embedded within) a greater number of other partnerships and organisational structures. Health is now firmly on the agenda in most partnerships, and, in many cases, also a key element within broader agendas such as community safety. How partnerships are 'nested' within different organisational structures and linked into partnership 'networks' was found to vary greatly between local areas.





Nevertheless, a partnership model was embraced by most study respondents who reported positively on the structure and composition of their partnerships. However, they were less positive about some aspects of partnership processes. Those which were rated as most difficult were: making decisions regarding priorities for action; avoiding overlap with the activities and responsibilities of other partnerships; obtaining commitment from member agencies; and, most of all, making decisions regarding resource allocation. Survey responses to open questions and comments from key informants highlighted the many challenges experienced in partnership working.

Main problems and barriers to partnership working

- 1. Limited funding and resources: Apart from the lack of sufficient resources -seen as a major problem respondents commented on the poor timing of resource allocation; money allocated shortly before the end of the budget year had to be spent quickly which affected decision making processes. Comparing their own partnership with others in the area, respondents tended to feel that their resources and influence were less than what was available to others.
- 2. Lack of high level 'buy in': This was reported as a barrier to gaining collaboration and commitment from the range of agencies necessary for effective partnership working. The appointment of alcohol 'champions' had gone some way towards placing alcohol higher on local agendas and securing the involvement of agency/organisation members at an appropriate level. But the trend towards 'appointed' champions might be threatened by lack of funding.
- 3. Failure to sustain long term commitment: There was a continuing problem of sustaining the involvement of the 'right people at the right level' people who were in a position to access resources and take decisions in their own agencies. These were not necessarily the 'high level' individuals mentioned above but those in appropriate positions who were prepared to commit to long-term collaboration.
- 4. Difficulty in agreeing shared priorities and goals: This was seen as a major challenge. Issues of line management, accountability and lack of clarity regarding responsibilities and roles could result in failure to reach agreed priorities and a situation where alcohol "is the responsibility of everyone and therefore no-one".
- 5. Managing size and complexity: Working with multiple organisations and partnerships within the same area increased the partnership 'network' and complicated lines of responsibility and accountability. A philosophy of 'localism', which devolved responsibility to local areas (accompanied often by more local level partnerships) meant that co-ordination of priorities and goals across the different partnership levels became increasingly time consuming and difficult. In areas with non-coterminous boundaries or where there was a mixed urban/ rural population issues of accountability, equity of provision and resource allocation and the pressures to be seen to respond to local needs were a major challenge for partnerships.
- 6. Institutional 'embedding': Recognising the importance of institutional and organisational contexts, which 'embedded' individuals within particular occupational or institutional cultures with associated values and ways of working, was frequently mentioned by respondents. The emphasis placed on alcohol issues and the level of priority accorded to alcohol was at least partly dependent on the institutional embedding of the partnership.

Reducing alcohol-related harm

- 7. Dealing with professional cultures and 'silo' approaches: A major issue running through the interviews was the problem of changing professional behaviour. There was doubt about the extent to which partnership working could overcome long established behaviours and a strong tendency towards 'silo' working. Many comments reflected the view that current systems and structures for the delivery of policy still channelled individuals and agencies into 'silos' which made partnership difficult. The problem was seen as linked to department boundaries within government; the tensions arising from the different remits of government departments filtered down to regional and local levels. Issues were raised regarding the divisive effects of some funding streams, the difficulty of aligning very different priorities and agendas and of developing local policies and delivery systems in partnerships which were constrained by national department 'silos'.
- 8. Poor communication and information sharing. Poor communication and a failure to share information were sometimes seen as sources of frustration which exacerbated the problems of coming to an agreement about goals and priorities within a partnership or a partnership network. For regional and local workers, links with government departments were frequently seen as difficult, most often because those working in government departments were regarded as poor communicators and out of touch with local needs. Both horizontal and vertical lines of communication were, therefore, a major challenge in initiating and sustaining partnerships.

Facilitating and improving partnership working: key approaches

As might be expected, partnerships were seen to work best when the problems outlined above did not exist or could be overcome. Interviewees identified a number of approaches which they felt were central to effective partnership working:

- 1. Build a tradition of partnership working: Both this study and other research has found that effective partnership working is more likely to exist in areas where there is positive past experience of partnership working. In this study, some partnerships were reported to have evolved and strengthened over time: "The partnership has been in existence for some years now, with continued development and revision of policies and protocols to avoid stagnation and promote growth. The partnership is active and reactive, adaptive to change and well managed." (12)
- 2. Be prepared to be flexible: As the above quotation indicates, national and local contexts change frequently and both policies and structures need to be kept under constant review to ensure their relevance to local needs.
- 3. Appoint champions and secure buy-in from the top: All respondents in this study recognised the importance of top level buy in and had taken steps to try to identify and appoint alcohol champions. Examples were given where the champion had played a key role in the success of the partnership.
- 4. Define clear roles for partners and clear lines of responsibility: This was seen as essential in setting priorities and common goals which could be monitored and evaluated. It prompted partners to adopt a working style which valued accountability and outcome measurement.
- 5. Build trust: Interviewees accounts of tensions between different groups, agencies and administrative authorities illustrated the effects of pressures on partners to respond to conflicting demands. Where things worked well, trust was seen to be a core element of the relationship. Once trust was established, it could help to overcome other difficulties such as 'silo' working and poor communication.



- 6. Break down professional silos: Interviewees frequently mentioned the need to cross professional boundaries and were aware of the problems arising from the different values, attitudes and working procedures in their partnerships. Training was offered as one way to address the issue; finding ways of managing traditional power imbalances between different occupational groups was mentioned as another; but, from other accounts, it is possible to suggest that building long term relationships a tradition of partnership working based on trust will also go some way towards breaking down 'silos'.
- 7. Ensure good communication: Communication channels need to be established within the partnership, across the partnership network and between the partnership and other organisations/ agencies in the local area. In addition, interviewees stressed the importance of communication with the appropriate government department and felt that communication between government departments could be improved. The role of dedicated regional alcohol managers was mentioned as a useful approach to addressing both vertical and horizontal communication issues.
- 8. Demonstrate gains: There was a recognition that partners needed to be convinced that the partner-ship and any changes it involved to their usual work procedures or priorities for resource allocation would be beneficial to the agency/ organisation as well as to the intended target group. It was important, therefore, that the partnership should be seen to add value; this meant that, "...what we do in partnership is only what we can't do on our own.." (local authority officer)

Conclusion

A culture of partnership working has become accepted in the alcohol field as 'normal', a rational response to coping with complex problems which require complex solutions. A partnership model for the delivery of alcohol policy seems, therefore, to be well established and likely to survive structural and administrative changes at least for the foreseeable future. Experiential evidence from those involved in policy delivery supports the approach although the problems and barriers to effective partnership are recognised and are similar to those reported from other policy domains. The findings from this study suggest that there is a continuing need to examine the assumptions and hypotheses underpinning partnership approaches and to draw attention to the practicalities of implementing and sustaining effective partnerships. A considerable gap between the ideal and the reality of partnership working has been illustrated in the accounts given by interviewees. Given the shift towards larger more formal, regulated partnerships, it is particularly important to identify the primary purpose and unique contribution of collaborative working. There is, therefore, a case to be made for greater scrutiny of the function of partnerships and the added value they bring.

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