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A Case Study of Partnerships in Practice

by

Heather MacGillivary
Honours Bachelor of Arts, Wilfrid Laurier University, 1993

THESIS

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Abstract

Despite calls for partnership from government, human service organizations, researchers, consumers and providers, there is very little literature about partnership. This research attempts to better understand the concept of partnership through a case study of Waterloo Regional Homes for Mental Health Inc., an organization which is implementing partnership oriented practices. Data collected included 11 key informant interviews, a review of documents, and process notes. Findings were organized around definition, facilitative and impeding factors, and outcomes of partnership. Defining values of partnership which emerged were collaborative interaction, power-sharing, shared decision-making, stakeholder involvement, resource sharing, shared responsibility, and equality. Facilitative and impeding factors centred around attitudes / personalities, relationships, and strategies. Attitudes which impeded partnership were described as labeling, stigmatizing, and reflecting limiting assumptions about people. Facilitative personality traits were cooperation, openness, risk-taking, and an innovation orientation. Strategies which enable partnership included developing shared values and goals, reducing competition and territorialism, dealing with conflict through compromise, sharing information, and effective communication. Outcomes included changed people, changed relationships, changed services, and changed organizations. Social change is discussed as a long-term outcome of partnership.

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Introduction

In the current climate of scarce resources, partnerships in human services are becoming a necessary part of many organizational programs and projects. The proposed research focuses on a case study of partnerships in practice within a community mental health agency which provides housing and support to people with mental illness. This agency was selected for the research because it is undergoing organizational change which reflects partnership and emphasizes social change. First, I review the literature on the aspects of partnerships which are examined in the case study, followed by a description of the research rationale, goals and objectives, and methodology. Next, I describe and discuss the findings as they relate to emerging themes of partnership conceptualization, processes and outcomes. The last section of this document contains reflections about partnership at the setting and conclusions.

The calls for partnerships in human services are coming from many different levels, including funders, organizations, service-providers, service-users, and evaluators. However, it is difficult to say what partnership looks like in practice. "Partnership" needs to be conceptualized and clarified in order to advance theory, research, and practice. Additionally, the process of developing partnerships at all levels needs to be described to provide clear steps toward positive outcomes of partnerships.

The purpose of this research is to describe and analyze partnerships in practice. There are three research goals:

1. to define partnerships from different stakeholders' perspectives,
2. to understand factors which facilitate or impede the process of building partnerships, and
3. to understand possible positive or negative outcomes of partnerships.

This research was based on the assumption that an in-depth understanding of partnership in a real life setting will inform theory and practice.

Review of the Literature

Following a brief history of mental health practices, I review the literature related to the concept of partnership. Secondly, facilitating factors and challenges in the process of developing partnerships are addressed. Finally, the possible outcomes of partnerships are described.

Historical Overview of Mental Health Approaches and Policy

Mental health practice has often followed the current political, economic and social ideologies of the times (Levine & Levine, 1970). In the early 1800's, people with mental health issues were often considered deranged or possessed. Consequently the public was most concerned with its own protection, resulting in imprisonment, banishment, or execution of the mentally ill (Rosenhan & Seligman, 1989). Later in the century, people with psychiatric disabilities were viewed with sympathy and considered in need of treatment, which led to the emergence of institutionalization and segregation (Krauss & Slavinsky, 1982). The prevailing medical model attributed mental illness to physical dysfunction and thus began an era of often inhumane treatment (e.g., bloodletting, electro-convulsive therapy, and psycho-surgery). Early institutions were considered warehouses as large numbers of people experienced mass abuse and neglect, little or no rehabilitation, and deplorable living conditions.

In the mid sixties, public awareness of the realities of institutionalization was raised by human rights activists and social scientists who documented the atrocities (Goffman, 1961). Increased public concern and the discovery of psychotropic drugs heralded the community mental health movement, characterized by de-institutionalization and closures of in-patient psychiatric facilities. Krauss and Slavinsky (1982) define de-institutionalization as "the movement of individuals, specifically those that have difficulty living independently and who need continuing care of various kinds to less restrictive settings" (p. 77). The goal of this new

approach was to improve the quality of life of people with mental illness through therapeutic community settings. However, a lack of professional and financial resources, planning, and comprehensive community mental health services caused numerous problems (Mechanic, 1986). For instance, anything other than state or provincial hospitals were considered to be therapeutic community settings; including nursing homes, custodial board and care homes, and halfway houses. Many of the "new" community mental health programs were, in fact, mini institutions set in the community (Blanch, Carling & Ridgway, 1988; Murphy, Engelsman, & Tcheng-Laroche, 1976). Due to the phenomenon of massive "dumping" of people with psychiatric disabilities into the community and the "revolving door" of repeated, short-term hospitalizations, homelessness, experiences of social isolation, rejection, and tragedies such as suicide, people began to question the value of the community mental health movement (Betts, Moore, & Reynolds, 1981; Leverman, 1984; Rappaport, 1977; Talbott, 1979).

Models which emerged to remedy these problems included clubhouses, psycho-social rehabilitation efforts, assertive community treatment, case management and supportive housing (Blanch, 1986; Blanch, Carling, & Ridgway, 1988; Ridgway & Zipple, 1990). A residential approach to housing emerged in which people would move through a continuum of living situations characterized by fewer restrictions and supports as individuals developed more skills (Ridgway & Zipple, 1990). Again, this model was far from ideal. Problematic issues such as progress rewarded by forced and repeated relocation, a lack of personalized treatment approaches, and access to housing being contingent upon treatment, plagued this approach (Arce, Vegare, Adams, & Lazarus, 1982).

In the 1990's, the attitudes of sympathy and care-taking of the mentally ill are now being replaced by the alternative philosophy of empowerment and community integration (Carling, 1990). This more holistic focus is characterized by:

- increased participation and self-determination of family and consumers/survivors in policy making, program planning, research, evaluation, and service provision,
- increased access to valued resources (housing, work, education, income) for consumer/survivors,
- transformation of relationships between professionals and consumer / survivors characterized by a valuing of consumer's lived experience and knowledge,
- more informal support networks and self-help approaches, and
- an emphasis on changing the social system rather than only the individual.

Not only are services changing, but the assumptions and attitudes about those services are changing. Watzlawick, Weakland, and Fisch (1974) describe this as change *of* the system as opposed to change *in* the system. This type of change is directed at the existing assumptions, values, structural relations and rules governing the system and is called second-order change (Watzlawick, et al., 1974). The new paradigm is based on the assumptions that consumer/survivors have abilities and strengths which they bring to the support relationship and which should be built upon. Changes have affected many community mental health agencies, including the organization selected as the case study for the current research. For example, supported housing, their primary service, has recently been defined by the National Association of State Mental Health Program Directors in Vermont as an approach which states:

> that all people with psychiatric disabilities should live in decent, stable, affordable housing, in settings that maximize community integration and opportunities for acceptance. People should actively participate in the selection of their housing from those living environments available to the general public. Necessary supports should be available regardless of where people choose to live. (NASMHPD, 1987, cited in Carling, 1990, p. 98)

The present case study organization is working to de-link housing and support and empower consumers to choose and keep their housing and support. I believe that partnership is an integral part of this emerging paradigm within this agency and community mental health practices in general.

Partnership Conceptualized

The concept of partnership has been borrowed from the business world by human services (Godbout & Paradeise, 1988). However, a definition in the human service industry is still emerging (Boudreau, 1991; Labonté 1993). Not surprisingly, literature defining partnerships in human services is scarce. If partnership is intended to be an innovative and fresh approach, the lack of clear conceptualization is problematic. Misunderstanding in practice may occur due to theoretical ambiguity (Labonté, 1993). Furthermore, the danger of adopting a new label rather than a new behaviour is high during any shift in ideology (Anthony, Cohen, & Farkas, 1982). Despite this lack of conceptual and empirical grounding, calls for partnership abound. Therefore, one goal of the current research is to define partnerships more fully. Three themes which conceptualize partnerships were gleaned from the literature; a) the values underlying partnership, b) who the partners are, and c) descriptions of partnerships.

Values of Partnership

For the purposes of this research, I have defined partnership as encompassing three concepts: a) stakeholder participation and collaboration (Nelson & Walsh-Bowers, 1994), b) power sharing, and c) equitable distribution of resources (Prilleltensky, 1994). This framework resonates with the literature as each concept has been described as partnership by some researchers.

Stakeholder participation and collaboration. Throughout the eighties, consumer participation in policy and program planning, development and evaluation has grown (Valentine & Capponi, 1989). In many human service agencies, consumer participation is an integral part of organizational structures (e.g., the board, committees). Participation is described as encompassing open problem-solving, shared decision-making, negotiated relationships, and the

provision of resources for less powerful groups to fully participate (Arnstein, 1969; Doyle, Mitchel, & Orr, 1990; Labonté, 1993). Prilleltensky (1994) uses the term democratic participation and collaboration as grounded in the belief that individuals are capable of choosing their own direction and goals in life. This is also referred to as "voice and choice" by Nelson and Walsh-Bowers (1994). Participation and involvement of consumers in research and evaluation is also increasing. McTaggart (1991, p. 171) describes authentic participation in research as "sharing the way research is conceptualized, practiced, and brought to bear on the life world."

In addition to the participation of consumers, involvement of *all* stakeholders is encouraged. Stakeholders are defined by Patton (1990) as everyone who has a stake in the program. In the mental health system, stakeholders include consumers, family members, support workers, psychiatrists, hospital staff and representatives from self help organizations or other mental health agencies. Involving stakeholders as staff or volunteers can increase community participation and power (Derksen & Nelson, 1995). Recognizing all individuals' contributions as valuable is key to stakeholder involvement.

McTaggart (1991) describes participation as "to share or take part" and involvement as "to include, entangle or implicate." Both consumer participation and involvement of all stakeholders are necessary for collaboration. Gray (1989) defines collaboration as "a mutual search for information and solutions." The concepts of collaboration and partnership are often used interchangeably in the literature. Thus, there is a need for clarification of these concepts.

<u>Power sharing</u>. The concept of empowerment has been growing since its introduction in the early eighties (Rappaport, 1981). Although empowerment has been defined in numerous ways, essentially it means a sharing of power (Lebacqz, 1985; Rappaport, 1981, 1987; Riessman, 1986). I propose that a central element of partnership is this sharing of power not only between

professionals and consumers, but between all stakeholders. People who have typically experienced lack of control in their lives not only need a change in their thinking about power but real life experiences of making decisions and having authority over events in their lives (Prilleltensky, 1994). Partnering in service provision, programs, and policy making provides opportunities for consumers to gain control. Rose and Black (1985) found positive effects of empowerment for consumer/survivors who gained a degree of self-respect and dignity when they took control of some aspect of their lives. Although power sharing is proposed as an element of partnering, I also describe one outcome of partnership as empowerment.

Distribution of resources. Partners may come to the relationship with different resources. These resources include information, funding, practical support, emotional support, and/or skills. I propose that an essential element of partnering is distribution of those resources amongst partners in an equitable fashion. Prilleltensky (1994) defines distributive justice as the value which guides the fair allocation of resources *and burdens*. Likewise, the distribution of responsibilities in a partnership is key to a healthy relationship. The process of negotiating shared resources and responsibilities is outlined in the following sections.

Table 1 outlines the elements of partnership and gives examples of its practice at each level of inquiry. The values in this table were grounded in the literature review. Table 1 was used as a sensitizing framework for the study. For this purpose, it was used to determine what kinds of relationships constitute partnership, thereby guiding interview participant selection and document review. The table outlines the values identified as partnership values and gives examples of this value in practices at both the interpersonal and the organizational levels.

Table 1: Values of Partnership Across Interpersonal and Organizational Levels of Analysis

Values	Interpersonal (Roles and Relationships)	Organizational (Structures)
1. Stakeholder Participation and Collaboration		
• service provider - service user	• consumer-directed services (therapeutic alliance) • consumer-voice in the way their individual services are provided • consumers as staff	• consumer voice/ participation in decision making structures • consumer-run projects and programs • new structures to give consumers a voice
• organization - organization	• informal relationships and networking between consumers and service providers from different organizations	• joint planning of projects, policy and public relations events
• evaluator/consultant - organization	• more formal and informal relations between consumers, service providers and researchers (e.g., stakeholders as researchers and established friendship between researchers and other stakeholders)	• stakeholders on committees which plan, design, perform, and review evaluation and consultation projects
2. Power Sharing		
• service provider - service user	• joint planning and decision making regarding individual goals and supports used	• equal say in planning programs and policies
• organization - organization	• people joining forces and building relationships to develop or advocate for new programs and policies	• coordinated public policy and dissemination of public policy
• evaluator/consultant - organization	• valuing the lived experiences of consumers and staff	• researcher spends time getting to know organizational culture
3. Distribution of Resources		
• service provider - service user	• sharing knowledge which will demystify the mental health system (e.g., informing consumers of rights)	• providing training and sensitization • providing emotional and tangible supports
• organization - organization	• providing tangible supports for stakeholders from less well funded organizations to participate	• organizational support for their people's involvement with other organizations • joint ongoing services, projects • resource pooling or sharing (e.g., ordering office supplies, use common office space and equipment)
• evaluator/consultant - organization	• sharing knowledge of research techniques	• establishing a long term relationship of planning and evaluating

Partners

In the literature, partners are described as individuals, groups, organizations or institutions. For example, educational partnerships between parent and teacher (Gelfer, 1991), family and school (Evans & Okifuji, 1992; Pryor & Church, 1995), professional and professional (Welch, Sheridan, Fuhriman, & Hart, 1992), teacher and youth care worker (Hughes & Loughheed, 1991), public/private organizations and academia (Bridges, 1994; Horrowitz, 1990; Schneiderman & Lewis, 1993), and universities and corporations (Susman, Koenigsberg & Bongard, 1989) are described. Similarly, examples of health care partnerships between patients and caregivers (Powell & Gail, 1994; Schroeder & Maeve, 1992), parents and professionals (Appleton & Minchom, 1991; Holloway, 1994; Morotz, 1989; Wolfendale, 1993) and hospital and community (Bakheit, 1995) are given. Other examples of partners in human services include inter-professional (Brooks & Gerstein, 1990; Luyster & Lowe, 1990), inter-agency (Katz, Geckle, Goldstein, & Eichenmuller, 1990; Rogers, Anthony, & Danley, 1989), professionals and parents or families (Dinnebeil & Rule, 1994; Silverstein, Gonyea & King, 1989), and researcher and practitioner partners (Matheson, 1994; Perkins & Wandersman, 1990). Multiple partnerships of two or more partners are also described in the literature (Horrowitz, 1990). For example, Butterfoss, Goodman, and Wandersman (1993) describe coalitions as "working partnerships."

Regardless of whether the partner is described as an institution, organization or group, it is individuals who carry out the ideas and activities that shape the partnership (Horowitz, 1990). These individual partners may be consumers of services, family members, service providers, management personnel, board members, government workers (municipal, provincial, federal), evaluators, consultants, and/or concerned citizens. Clearly the possible combinations of partners

are endless, as are the size and scope of the partnership. Partnership becomes more difficult to define with numerous and varied partners, because each partner may have a different perception of the partnership (Boudreau, 1991). The different perspectives of all partners need to be incorporated into the definition of partnership.

As depicted in the following diagram (see Figure 1), the focus of this research was partnerships within the organization, between the organization and other organizations and with evaluator/consultant and programs/projects within a mental health agency. This framework fits the current partnerships in practice within the proposed case study organization.

Figure 1: Circles of Partnership Investigated

In the field of mental health, there are many approaches emerging that reflect a partnership oriented approach to relationships between these stakeholders (Bernheim, 1990; Boudreau, 1990; Carling, 1990; Constantino & Nelson, 1995; Paulson, 1991; Ridgway & Zipple; 1990; Rogers & Palmers-Erb, 1994; Silva, 1990; Tower, 1994). Although there are similarities

that cut across each circle of the model, there are also characteristics unique to each partnership circle. Using examples from mental health, partnering within organizations, between organizations and between consultants/evaluators and organizations are described below.

Intra-organizational. Since the seventies, when consumers challenged the mental health system for numerous abuses, there have been dramatic shifts in the role consumers and family members are playing within mental health services (Silva, 1990; Tower, 1994). Legislation and a social justice perspective have led to more and more collaboration between consumers, family members and service providers (Bernheim, 1990; Church 1992, 1994; Silva, 1990). Current trends include consumer-centred approaches (Tower, 1994), self-help strategies (Constantino & Nelson, 1995), clubhouse models (Tower, 1994), individualized, community-based services (Ridgway & Zipple, 1990), and other service directions which emphasize an empowering role for consumers and family members (Srebnick, 1992; Howie the Harp, 1994). However, the practice of collaboration between consumers and professionals is still poorly understood (Bernheim, 1990). What does this partnering look like?

The professional - service user partnership is multi-dimensional and may transcend different levels within the organization. Partnering may take place within the service delivery/support relationship (between service provider, family members and consumer) and/or within other organizational structures which plan and develop programs and policies (between management, board members, staff, service provider's, family members and consumers). The literature describes service providers as:

- helping consumers to "realize their vision" (Curtis & Hodge, 1994, p.15),
- teaching consumers "strategies for effective communication" (Tower, 1994, p. 195),
- giving "some guidance without being directive" (Freund, 1993, pp.69-67),

- "being sensitive to consumers needs" (Freund, 1993, pp.69-67),
- "developing individualized services plans" (Bernheim, 1990, pp. 1353 -1355), and
- "responding flexibly to changing needs over time" (Bernheim, 1990, pp. 1353 -1355).

Bernheim (1990) stresses that service providers need to view the family member as "an empowered member of the care-giving network" by opening multiple communication channels for ongoing information exchange (pp. 1353- 1355). The role of consumers and family members is that of a resource, while staff gradually de-emphasize their professional role (Freund, 1993, p. 67). This new mode of interacting is expected to foster consumers' independence from the mental health system (Freund 1993), increase consumers' sense of control (Tower, 1994), improve treatment and medication adherence (Corrigan, Liberman, & Engel, 1990) and empower consumers (Carling, 1990; Freund, 1993; Howie the Harp, 1994). The importance of staff training and support in this new way of doing business should not be overlooked (Bernheim, 1990; Curtis & Hodge, 1994).

Partnering between professionals and consumers can also permeate throughout the organization. Active consumer involvement in planning and developing programs and policies and in the operation of agencies is growing (Paulson, 1991; Silva, 1990; Tower, 1994; Valentine & Capponi, 1989). Consumers are becoming board members and key members of committees, task forces and lobby groups, and they are being employed as managers, service providers, and other staff members (Curtis & Hodge, 1994; Paulson, 1991; Silva, 1990; Tower, 1994). Paulson (1991) describes an example of one university which recruits and encourages consumers and family members to become students and teach courses in the program training mental health workers. Outcomes of increasing consumer participation could include more consumer-driven programs, more consumer control (Silva, 1990), enriched independent living (Tower, 1994), more empathetic service providers (Paulson, 1991) and a mental health system that offers

alternatives and is "sensitive to therapeutic entitlements, legal rights and basic human dignity" (Valentine & Capponi, 1989).

Inter-organizational. In their review of the literature, Butterfoss, Goodman, and Wandersman (1993) defined contemporary coalitions as "formal working partnerships" (p. 316). Coalitions are also described as "uniting individuals and groups in a shared purpose" (Butterfoss et al., 1993, p. 316). For the purposes of this literature review, coalitions are seen as inter-organizational partnerships. Partners in coalitions can be grassroots or community-based groups, professional associations, small agencies, and large organizations or institutions (Butterfoss et al., 1993). Partnering between these players can be seen as short-term or more sustaining and durable over time. The partnership may be formed for any number of reasons including resource sharing, technical assistance, planning and coordinating services, or joint advocacy ventures (Butterfoss et al., 1993). Coalitions' structures may consist of informal networking, cooperative service delivery under an umbrella organization, or be action-oriented, specific and on an ad hoc basis (Butterfoss et al., 1993). Inter-organizational partnership becomes more formal and standardized as fiscal links are forged.

Some factors which encourage inter-organizational collaboration are a recognition of mutual need or purpose, a lack of resources, a need for additional, joint efforts to address a problem, or previous linkages and capabilities between organizations (Bernard, 1989; Mizrahi & Rosenthal, 1992; Schermerhorn, 1975; Whetten, 1981). The reciprocal nature of working together and a mutuality of interest also provide a rationale for partnering (Butterfoss et al., 1993).

There are few examples of inter-organizational partnership in mental health in the literature. Buckley and Bigelow (1992) describe a collaboration between mental health, alcohol

and drug treatment, corrections, and social and housing agencies to provide more effective, less costly services for individuals with psychiatric disabilities. Other outcomes of this partnering were increased inter-agency communication and increased efficacy of treatment. Boudreau (1991) describes legislated partnerships in Quebec's mental health service system which call for tripartite committees consisting of regional councils of health and social services. More research is needed to investigate informal as well as formal partnerships between mental health organizations (Nelson, 1994).

Evaluator - organization. As community agencies' needs for research and evaluation grow and social scientists' interest in community phenomena increase, more and more partnerships are forged between community researchers and organizations (Perkins & Wandersman, 1990). Participatory action research (PAR) provides a collaborative framework for partnership in evaluation (Matheson, 1994). Traditionally, researchers were seen as the experts who observed or consulted (Bruyere, 1993). In PAR people with a stake in the program, including the service-users, shape the research design and transform the results of the research into new policy, programmatic or research initiatives (Rogers & Palmers-Erb, 1994; Whyte, 1991).

Increasing calls for participatory research in mental health are being made because its ideology and philosophy are consistent with trends of participation, empowerment, and respect for experience-based knowledge (Carling, 1990; Chesler, 1991; Fenton, Batavia, & Roody, 1993; Howie the Harp, 1994; Rogers & Palmers-Erb, 1994; Turnbull & Turnbull, 1991). Benefits of PAR include a more meaningful role for consumers in the research process and rich research findings that stakeholders are more likely to own, share and use (Patton, 1990; Perkins & Wandersman, 1990; Rogers & Palmers-Erb, 1994). Partnerships between evaluators and the organization may establish long-term relationships, are less costly than internal evaluation, and

have a greater likelihood of addressing systemic factors in the organization instead of merely programmatic influences (Matheson, 1994). Far reaching changes may include organizational learning, role shifts, and a "power redistribution for consumers" (McTaggart, 1991; Rogers & Palmers-Erb, 1994).

Partnerships Described

Partnerships are used in community development work (Labonté, 1993), program planning and implementation (Pace & Turkel, 1990), service delivery (Stewart, Crossman, Poel, Banks, & Harris-Hart, et al., 1993), and evaluation (Matheson, 1994). However, the purpose of the partnership varies. Boudreau (1991) describes partnering as an approach which may be an end in itself or a means toward some specified end. The end goal may be service coordination (Goering & Rogers, 1986), community-wide interventions and prevention (CSAP - Kaftarian & Hansen, 1994), improvement of evaluation design or utilization (Matheson, 1994; Rogers & Palmers-Erb, 1994), and / or better management or operation of organizations. Clearly partnerships are multi-purpose (e.g., policy, planning, project completion) (Boudreau, 1991).

The type of partnership can be categorized by initiating factors. A mandatory partnership may be legislated by government, funders, (Boudreau, 1991), an aggressive interest group or management. Voluntary partnerships may occur when individuals or organizations recognize the inherent value of collaboration. These partnerships may be evolutionary in nature in that their development has occurred after a history of working together in service delivery coordination, case management, or on specific projects.

Voluntary, mandatory, or evolutionary partnerships may be loosely defined, legislated or mutually defined (Boudreau, 1991). The operationalization of partnerships can also be seen along a continuum of formalization from very informal, unspecified responsibilities, irregular

meeting times, and unrecorded hopes or expectations to very clearly written and mandated roles, rules, goals, and outcomes. Duration of partnerships is another varying factor. Partners can commit to a permanent, short-term or long-term partnership, depending on the purpose of the alliance.

Process and Outcomes of Partnerships

Although literature developing the theory of partnerships is weak, many examples of partnership(s) have been described. However, not all authors label the phenomenon as a "partnership." To remedy this I used the above themes to select examples of partnership from the literature. Review of these examples revealed commonalties across different partners, types, and purposes of partnerships. This section describes the facilitative factors and challenges in the process of building partnerships and outcomes related to partnerships.

Factors which Facilitate Partnerships.

Regardless of the type, purpose or partners in a partnership, there seem to be some general factors reported in the literature that facilitate successful partnering. Partnerships are enhanced if there are shared values and principles (Labonté, 1993) between partners. Gray (1985) identifies shared values as the most important ingredient to community collaboration. The values of the partnerships formed within the agency should resonate with the overall values of the other agency (Curtis & Hodge, 1993). Commitment to the end goal and the partnership itself is also identified as another facilitative factor (Butterfoss et al., 1993; Curtis & Hodge, 1994; Labonté, 1993; Panet-Raymond, 1992). In coalitions, members' positive expectations create a climate of optimism which sustains commitment (Florin, Florin, Wandersman & Meier,

1988). Building commitment and shared principles requires extensive pre-negotiation work, termed "mid-wifing" by Gray (1985).

A clear purpose or goal of the partnership is necessary to facilitate a successful partnership (Boudreau; 1991; Butterfoss et al., 1993; Gray, 1985; Labonté, 1993; Panet-Raymond, 1992). Gray (1985) calls the process of developing a shared mission "direction setting" and emphasized the need for a superordinate goal that fits for all partners. Furthermore, individuals, groups or organizations whose interests are interdependent may form and maintain partnerships easily (Keohane, 1984). This may mean having similar services or service-users for organizations or similar plans and intentions between individuals.

In addition to a collective purpose, a common process of working together will facilitate a successful partnership. Shared decision-making (Curtis & Hodge, 1994; Zuckerman & Kaluzny, 1990), strong leadership (Church, 1994), open communication (Constantino & Nelson, 1995; Curtis & Hodge, 1994; Hall, Clark, Giordiano, Joynson, & VanRoekel, 1977), open-mindedness, sensitivity (Labonté, 1993), ongoing learning (Curtis & Hodge, 1994), and mutual respect and caring (Labonté, 1993; Noddings, 1984) are some elements of a good process for partnerships.

Role clarification and consistency for all partners is essential (Butterfoss et al., 1993; Curtis & Hodge, 1994; Panet-Raymond; 1992). Partner roles can range from being very formal, written and even legislated to general mutual understanding of expectations and responsibilities (Boudreau, 1991; Butterfoss, et al., 1993). For coalitions, clearly defined rules, roles and procedures increase member satisfaction and commitment (Butterfoss, 1993). Curtis and Hodge (1994) contend that role clarification for agency staff is necessary to facilitate ethical helping relationships with consumers.

Another facilitative factor is balancing power between partners. Writers talk about the need for each partner to have "power and legitimacy" (Panet-Raymond, 1992), a "sense of autonomy", and an "identity" (Labonté, 1993). When one partner is much stronger in these characters, difficulties may arise emphasizing the necessity for information and resource sharing, capacity development, increased political sophistication and perhaps a reduction of one partner's power (Gray, 1985; Horowitz, 1990; Howie the Harp, 1994; Panet-Raymond, 1992). For example, partnership between organizations and evaluators/researchers may require initiatives to build the skills and knowledge of consumers and staff. In this way, one partner does not hold all the expertise, thereby sharing the power amongst all parties (Rogers & Palmers-Erb, 1994). Strong pre-negotiation and cooperation may be necessary to avoid debilitating conflict and tension (Gray, 1985).

Inevitably, organizational climate will affect partnerships at all levels. In their analysis of the literature on coalitions, Butterfoss et al. (1993) determined that a positive climate of member agencies will produce a productive milieu for a coalition. Additionally, a supportive and safe climate for staff to discuss ethical dilemmas related to changing relations with consumers was considered essential by Curtis and Hodge (1994). The culture of an organization can encourage, shape, and produce partnerships.

Facilitative factors include a common goal, purpose, process and values for the partnership. If partners have clear roles, a strong identity, an equal balance of power, and a supportive organizational culture, partnering is assisted. Despite these facilitative factors, there are also many impeding factors. The challenges encountered in the process of building partnerships are discussed next.

Challenges of Partnerships

Although the ideology of partnerships may be seductive, the realities of partnership can be challenging. There are many challenges in the process of building partnerships. Boudreau (1991) states that "partnership is a solution that comes with many problems" (p.19). Resistance to a new approach is common (Kuhn, 1970). The breakdown of an old model and acceptance of the new and emergent model of partnerships may be challenging for all stakeholders (Ridgway & Zipple, 1990).

With the emergence of new approaches come new roles. Changing roles can cause great difficulties in everyday interactions. Curtis and Hodge (1994) describe the dilemmas encountered as the distinction between service-provider and service-user become blurred. For example, as staff persons begin interacting with consumers on committees, boards or as colleagues, more equity in the relationship is established. Issues of self-disclosure, confidentiality, professional distance, involvement outside work hours and overall ambiguity are surfacing (Curtis & Hodge, 1994). Conflicts of interest may result as individuals are attempting to act in different roles as a partner. For example, a consumer may be representing herself or an entire consumer group, and that consumer may also be a staff person or be involved in another related organization (e.g., self-help). Her role is therefore very complex (Curtis & Hodge, 1994; Tower, 1994). Furthermore, partnership may be legislated but with very few definitions of roles for professionals which create territorialism and competition (Boudreau, 1991).

Eliciting participation, involvement and cooperation with different groups of people takes time (Rogers & Palmer-Erbs, 1994). Establishing partnership requires rapport building and patience. For example, researchers may have limited access to community agencies and encounter bureaucratic obstacles, especially if their research includes the collection of sensitive

data (Perkins & Wandersman, 1990). This requires lengthy preparation work. Closely related to time is money. Budgeting for paid staff and researchers to take the time to develop partnerships is necessary (Rogers & Palmer-Erbs, 1994). This is difficult during times of fiscal restraint. Additionally, money may be needed to break down barriers to participation by providing tangible supports (e.g., child care and transportation) (Pancer & Cameron, 1994).

Although one strength of partnership is stakeholder involvement, the process of integrating different people with different perspectives toward a common goal can be challenging. For example, often community agencies and researchers have divergent perspectives and priorities (Perkins & Wandersman, 1990). Diversities in income levels, cultures, roles (e.g., staff, consumers, or management), and education levels can increase tensions (Constantino & Nelson, 1995; Derksen & Nelson, 1995; Unger & Wandersman, 1985). As Boudreau (1991) states using the example of mental health policy, stakeholders can have diverse perspectives of partnership. A further danger is the valuing of one stakeholder groups' perspective over another. Most commonly professionals' knowledge is valued above consumers' experience (Church, 1993; McKnight, 1989).

Mistrust between partners is another challenge to building partnerships. If organizations or individuals have a previous history of poor relations, working together could be difficult (Butterfoss et al., 1993). For example, some consumer groups in the mental health system do not want to work with professionals due in part to a long history of abuse (Chamberlin, 1978; Constantino & Nelson, 1995). Partnerships which are not voluntary or are initiated by government or funders are more prone to suspicion and mistrust (Boudreau, 1991; Butterfoss et al., 1993). For example, Perkins and Wandersman (1990) described the challenges of overcoming practitioner skepticism of researchers' intentions.

Establishing equity between individuals and organizations can be a challenge in building partnerships. Typically, professionals have had a great deal of power (Reiff, 1974). Hodge (1992) describes staff as a "fulcrum" in the system balancing empowering consumer relationships with community interests. Boudreau (1991) describes equality between stakeholders in the mental health system as elusive because the basis of consumer participation requires that consumers disclose very sensitive and stigmatizing life experiences while staff speak from a background of educational and employment status. Researchers and evaluators may encounter similar dilemmas. For example, an externally hired and funded evaluator may have more power than an internal, agency employed researcher (Perkins & Wandersman, 1990). However, stakeholders may have different meanings of partnership that do not include equal value or recognition to all partners (Boudreau, 1991). Nevertheless, often in the "minds of the least powerful, equality is a requirement for true partnership" (Boudreau, 1991, p. 22).

Conflict is recognized in the literature as an inevitable challenge to partnership building (Butterfoss et al., 1993; Freund, 1993; Labonté, 1993; Perkins & Wandersman, 1990). Mizrahi and Rosenthal (1992) claim conflict is an inherent characteristic of coalitions. Freund (1993) describes self assertion and possible resulting conflict between service-providers and service-users as a necessary part of the process of empowerment for consumer survivors. Conflict may result as powerless groups attempt to counter skewed relations by limiting the power other groups have over them (Labonté, 1993). Researchers and evaluators may encounter conflict if negative findings emerge (Perkins & Wandersman, 1990). However, Butterfoss et al. (1993) described clear conflict resolution and problem-solving as enhancing a coalition's functioning. Moreover, conflict can be seen as normal and necessary for growth and change (Church, 1992; Labonté, 1993).

Some challenges in the process of partnership building include resistance to change, issues around emerging roles, lack of time and money, integrating a diversity of perspectives and backgrounds, mistrust, issues of equity, and conflict. When faced with such a plethora of impediments, partnership might not seem worth the effort for some individuals, groups, or organizations (Boudreau, 1991; Lord, 1994). However, if the hazards can be navigated successfully, some of the following outcomes of partnership may make the effort worthwhile.

Outcomes of Partnerships

Literature regarding outcomes of partnerships is limited. Since research on partnering between organizations has been unsystematic, there is very little evidence to support the effectiveness of partnership (Butterfoss et al., 1993). More comprehensive evaluation efforts are needed for inter-organizational relationships (Butterfoss et al., 1993) and other partnerships. Some outcomes that have been discussed in the literature are as follows.

Active participation and collaboration of all stakeholders in program and policy planning results in strong models of service delivery and consensus for change (Walton & Gaffney, 1991). Partnerships between service providers and service users produces more flexible and individualized services which maximize consumer choices and options (Howie the Harp, 1994). When consumers become service providers, increased sensitivity, better understanding and the resulting better rapport, strengthen and enrich support services (Paulson, 1991).

Partnerships between researchers and other stakeholders produce more relevant, useful and meaningful research results (Rogers & Palmer-Erbs, 1994; Whyte, 1991). Researchers will receive new information and ideas from professionals and consumers which can lead to advances in theory as well as practice (Whyte, 1991). Service providers can guide and assist researchers thus avoiding irrelevant questions and generating more productive research (Whyte, 1991).

Participatory research leads to a "rethinking and restructuring of relationships," which can result in a reshaping of organizational culture (Whyte, 1991, p. 40).

Empowerment of all stakeholders, especially people who have typically been disempowered, can be a strong outcome of partnering. Freund (1993) acknowledges the final phase of the consumer empowerment process as collaboration between professionals and consumers to accomplish projects and goals and the development of interdependent social networks of consumers who are not dependent on professionals for support. This is described as "interdependent communities of consumers (who are empowered)... to rely on each other instead of solely on traditional mental health services" (Freund, 1993, p. 72). Howie the Harp (1994, p. 84), a consumer/survivor of mental health services, claims that empowerment occurs at four levels: (a) consumers' "freedom of choice regarding individual services," (b) "significant roles in operation and decision-making structure of programs and agencies," (c) "participation in planning evaluating and decision -making on a system wide level," and (d) "participation in civic, community, city, county, state and federal levels." Florin and Wandersman (1990) affirm that participatory research approaches can be empowering for all involved. Furthermore, Paulson (1991) asserts that training of consumers and family members as mental health workers will also facilitate their empowerment. Comprehensive partnerships at all levels of the organization will encourage self-determination and empowerment of consumers, family members and service providers.

Butterfoss et al. (1993), who define coalitions as working partnerships, describe a number of beneficial outcomes including the attainment of the mission, goals or objectives of the coalition. Other potential outcomes, of inter-organizational collaboration include increased networking, information sharing and access to resources (Brown, 1984; Hord, 1986; Kaplan, 1986), and decreased service gaps, service provider isolation and territorialism (Butterfoss et al.,

1993; Croan & Lees, 1979; Hord, 1986; Lindsay & Edwards, 1988). Inter-organizational partnering also maximizes the power of individual organizations, facilitates organizations' involvement in broader issues, minimizes duplication of services and efforts, demonstrates and develops public support, and allows organizations the flexibility to explore new resources in changing situations (Butterfoss et al., 1993).

Some outcomes of partnership may include better services with less gaps and more inter-service use, stronger models of service delivery, expanded resources and networks of service users, professionals and organizations, focused and practical research and evaluation initiatives, and empowerment of all stakeholder groups. Clearly, effects of partnerships are systemic and wide ranging, ensuring that overcoming the inherent challenges is worth the effort. The proposed research will more fully explore partnerships in practice and possible outcomes.

Rationale for the Research

Literature focusing exclusively on partnerships is scarce, with no integrative framework, comprehensive definition or clear process of building partnerships in human services. This research attempted to develop a descriptive definition of partnership based on existing literature and the experiences and perceptions of the participants at the case study setting. This conceptual advance in the research may be very useful for service providers as well as researchers. Factors which have facilitated partnership building at this organization may provide guidelines and reveal innovative approaches for other mental health organizations. Additionally, challenges faced by the case organization may provide obstacles to be expected and potential solutions for problems experienced by others. Since the research investigated multi-levels of partnership, the generalizability to other similarly structured organizations is increased.

Although the literature has some examples of partnerships in practice, the outcomes of these relations are often not clearly outlined. Very little in-depth, comprehensive analysis of

partnership building *and* outcomes is provided in the literature. This research describes both the emergence and outcomes of partnership at this setting.

Research Goals and Objectives

The purpose of the research was to describe and analyze partnerships in practice. There are three research goals:

1. to define partnership from different stakeholders' perspectives,
2. to understand factors which facilitate or impede the process of building partnerships, and
3. to understand possible positive or negative outcomes of partnerships.

This research was based on the assumption that an in-depth understanding of partnership in a real life setting will inform theory and practice.

The research design illustrates the logical sequence which connects the data collected to the purpose and rationale of the research. As outlined in Table 1, the objectives of this case study were to understand partnerships within and between each level (intra-organizational, inter-organizational, and evaluator/consultant and organization), and to examine different perspectives of consumers, family members, staff, management, and community agencies of established partnerships.

Table 2: Research Goals, Objectives, and Methods

Goals	Objectives		
	a) to understand partnerships within each level (service-user and service - provider, inter-organizational, and evaluator and organization)	b) to compare partnerships between each level (service-user and service -provider, inter-organizational, and evaluator and organization)	c) to examine different perspectives of consumers, family members staff, management, and community partners of established partnerships
1. To define successful partnerships	• interviews • documents	• interviews • process notes • documents	• interviews • process notes • documents
2. To understand factors which facilitate or impede the process of building partnerships	• interviews • documents	• interviews • process notes • documents	• interviews • process notes • documents
3. To understand possible positive or negative outcomes of partnerships	• interviews • documents	• interviews • process notes • documents	• interviews • process notes • documents

Rationale for Case Selection

The organization chosen for the case study was a community mental health agency which provides housing and support services to people in Waterloo Region with a significant mental health struggle. Waterloo Regional Homes for Mental Health Inc. (WRH) was chosen as the case study for a variety of reasons. Many elements of partnership are being worked toward in this organization. In 1993, a strategic planning process was initiated. This process will be more thoroughly described in following sections. However, the activities of this process reflected consumer participation and involvement in the organization, shared decision-making and direction-setting, redistribution of resources and elements of power shifting between stakeholders. As a result of this process, structures for further collaboration are in place and continue to develop, including a tenants' association and many ad hoc working committees

representing consumers, family members, staff, management and concerned community citizens. Additionally, three consumers fill staff positions, including one support worker and two maintenance persons.

As prescribed in the organization's goals, individualized services, self-determination, individual and mutual respect, and stakeholder participation are being developed at the agency. Staff are receiving extensive and ongoing training in new approaches to service delivery, including workshops about empowerment. The Program Coordinator has traveled to the United States to participate in educational events at the Vermont Mental Health Centre. As a result of the strategic planning process and ongoing training, WRH's service delivery system is incorporating new and innovative approaches which reflect partnering. This agency will provide a rich setting for learning about partnerships.

Consumers, staff and management at WRH appreciate the research process and are enthusiastic about continued research activities. Additionally, the evaluation process has established stakeholder experience and expertise with research, ensuring insightful and useful feedback for the proposed research. The resultant case study findings are strengthened by this history. Since one aspect of the case study is to investigate the established relationship between researchers and the agency, these findings will improve the proposed researcher-agency relationship. Future research activities are planned at WRH. The research fit well with the direction the agency is pursuing.

Role of the Researcher

I was employed part-time at WRH as a researcher from May 1995 until April 1996. My work-related tasks were to develop data collection tools, complete the data collection, analysis, and write up for the evaluation of the service changes outlined in the strategic plan. In this capacity, I had the opportunity to develop an in-depth understanding of the service delivery

system, administration, and operation of the agency. Additionally, I established rich relationships and a genuine rapport with consumers, staff, management, and board members. Throughout the process of my thesis research, I continued my involvement with the organization in a variety of ways. I was, and continue to be part of a team of people writing an article about organizational change at WRH. This involves monthly meetings with the entire team and bimonthly meetings with individual team members, thus providing an opportunity for in-depth discussion and reflection about organizational processes with people who have an "inside" knowledge of WRH. Recently, I was involved in the organization of a community forum designed to present the evaluation findings to interested people. Moreover, my thesis research allowed me continued access to the agency's office and properties for interviews and document review. I also attended resident fund raising activities such as their car wash. Over the past year and a half, I have been immersed in the setting in many ways.

Description of the Case Study Setting

The following section describes the surrounding community to provide a better understanding of the context in which the agency operates. Additionally, the agency's history, services, and organizational operations and structures are described to develop a portrait of the case study setting itself. This description is based on my previous research experience, personal knowledge of the setting, and extensive document review.

Community Context

Waterloo Region consists of Kitchener, Cambridge, Waterloo and surrounding area. The total population of the area is approximately 400,000 people. Formal mental health services in the area are provided by the local hospital's inpatient and outpatient psychiatric facilities (Grand River Hospital, Cambridge Memorial Hospital's Aftercare Team). Cambridge residents and K-

W people who are in need of more specialized care can access two provincial psychiatric hospitals (London Psychiatric Hospital or St. Thomas Hospital) about 100 kilometers away. Community mental health organizations in the area include the Canadian Mental Health Association (CMHA), which offers community support services, and self-help groups for consumers-survivors and family and friends of people experiencing a mental illness.

History

Waterloo Regional Homes for Mental Health Inc. (WRH) began in response to de-institutionalization of people with psychiatric disabilities. A number of family members, professionals and concerned citizens in the K-W area joined together to address problems of housing for people with serious mental health problems. The group was initially pulled together by the CMHA. In the summer of 1979, support from the provincial government was granted for a group home. Following this funding, the agency became a separate non-profit organization. The first housing property was secured and the program developed.

WRH continued to grow throughout the eighties as changing provincial ministry mandates resulted in more funding for people with mental health problems. The organization added two more group homes, a duplex, bungalows, and apartments; totaling nine homes (see Table 3). Additionally, housing related community support services were established. In 1986, WRH began providing practical support and supportive counseling within a local boarding home. During the same year, a housing registry was established which assists people with psychiatric disabilities in obtaining affordable housing. Throughout this expansion process, people who had been housed in the agencies' properties were moving out into non-agency owned apartments and continued to receive support from agency staff. In 1988, this service was formalized as the community support program. Due to its success and increased demand this

program further expanded the following year to offer support to more people with psychiatric disabilities living in the community. Over a period of six years, WRH had grown from one group home to nine properties and three community support services, with a combined annual budget of over 1.2 million dollars. Currently, the organization is largely funded by the Ministry of Health and the Ministry of Housing and partially by private donations.

Table 3: History of Expansion at WRH

1980	Incorporation of WRH as a separate nonprofit organization
1980	Kurelek House, a home for group living, begins operation
1984	Concord House, a home for group living, begins operation
1986	Support services are established for a local boarding home
1986	The Housing Registry is established
1987	A duplex for group living is established in Cambridge
1988	The Apartment Program begins
1988	The Community Support Program becomes active
1989	The Community Support Program expands
1989	The Bungalow program, two small house accommodating three people each, begins operation
1990	Madison House, a home for group living, begins operation

Extensive organizational growth occurred within a very short period of time. Its impact on the members and operating systems of WRH was significant. Although a number of accommodations occurred during this time, an overall organizational review was needed. The service delivery system, decision-making procedures, and communication process needed to adapt to the expansion. In response to these issues, a Long Range Planning Committee (LRPC) was formed to explore the areas that most needed change. A first step toward the formal strategic plan came in 1989 when this committee looked at the mandate, purpose, and goals of the organization. More reflection followed over the next two years. The committee carefully

thought about the impact of the rapid expansion and the mission statement itself. In early 1991, the need for a formal strategic planning process was recognized. The last organizational review conducted by the agency had taken place in 1985. That review focused exclusively on internal operations. The new review was intended to be more broad based, examining WRH within a larger community context. To accommodate this broader approach two key elements needed to be included; external community input and internal consultation of agency stakeholders. Residents and staff were asked to comment on what they liked about WRH and what they felt should change. In June of 1992, a proposal for a strategic planning / organization review process was written which reflected the LRPC findings. The proposal incorporated the following six planning steps:

1. clarifying the organization's mission and goals, comparing these with the philosophies implied/expressed in the literature and by various experts in the field,
2. comparing the organization's new philosophy with the way services are actually being provided, identifying areas that require changing,
3. comparing the organization's new philosophy with the way the organization is structured, including board and staff responsibilities, identifying areas that require changing,
4. establishing long-term and short-term objectives that would ensure that the organization meets its new mission,
5. developing of action plans that provide direction for the achievement of long-term and short-term objectives, and
6. developing of an evaluation strategy for the process and on-going activity.

The Board of Directors decided that the review process would be undertaken internally as much as possible. It was agreed that key steps in the process would benefit from external facilitation, so the Centre for Research and Education in Human Services (a local consultation organization) was hired to perform this role. The internal focus, the approach used by the

consultants, and the emerging perspectives in the field of mental health encouraged the incorporation of the following elements:

1. an educational approach utilizing values-based training for agency stakeholders,
2. a commitment to maximize stakeholder participation in all steps of the process, and
3. a committee of stakeholders to guide the overall strategic planning process.

Shortly after the consultants were hired, the LRPC expanded to include all stakeholders. Its makeup consisted of one board member, one person from management, two staff, and three consumers. The LRPC acted as the driving and organizing force behind the strategic planning process.

The planning process took place in 1993. Throughout the process, stakeholders were periodically brought together to consider issues, digest information, and make decisions. The process itself was similar to an ongoing workshop in which results, concerns and emerging themes were collectively discussed. Participants included consumers, administrative staff, front line staff, family members, board members and representatives from outside agencies. A large number of people were involved in each step of the process (60 participants in step one and between 25 and 30 in the remaining steps). Small work groups (balanced for stakeholder representation) were formed to undertake the bulk of the work. Plenary sessions with the larger group were held between small group meetings for feedback and discussion. In each session, balanced stakeholder representation was maintained. The strategic planning document was written and finalized in early 1994. It outlined a five year projected plan for the organization. Additionally, a new mission statement and goals for change had been developed. These goals now act as the goals of the organization.

Mission Statement and Goals

As a result of the strategic planning process, WRH has adopted a new mission statement and goals. The newly revised mission statement of WRH is provided below.

> Through providing and facilitating access to a wide range of affordable housing and/or individualized, flexible, community support services, Waterloo Regional Homes is committed to improving the quality of life of persons experiencing or recovering from mental health problems; to respecting individual needs, rights, and choices; and to promoting, as equal community members, their independence, self-awareness, empowerment and dignity.

The goals of the organization are consistent with the goals of the strategic plan. Within the strategic planning document, more detailed objectives and timelines are attached to each of the following organizational goals:

1. to give priority to those who have a long-term or serious mental illness or impairment,
2. to provide and advocate for flexible, portable support services, based on individual needs and choices,
3. to ensure that access to housing and support services should not be contingent upon each other,
4. to provide and/or assist individuals in securing a wide range of affordable, stable, usually permanent housing options,
5. to promote an atmosphere which encourages the development of individual and mutual respect,
6. to encourage individuals to maximize self-reliance and self-determination,
7. to decrease the length of hospitalizations and minimize the need for recurrent admissions,
8. to encourage active participation of consumers family members, staff, and the community in establishing directions and policies of the agency,
9. to be responsive and sensitive to meeting the diverse cultural and ethnic needs in our community, and

10. to promote public awareness and understanding of community mental health issues and the role of our agency.

Implementation of Changes

Implementing the extensive changes outlined in the strategic plan needed impetus and direction. Therefore, an implementation committee was struck in November 1994. Since that time it has been working alongside an evaluation committee. The membership of the committee consists of representative stakeholders including two consumers, three staff people, one person from management, and an external consultant. To be more effective, the committee decided to focus on the support service component of the strategic plan. Each goal developed in the strategic planning process was reviewed by the committee and action plans for implementation were developed by all members.

The committee collaboratively developed its purpose to act as an advisory body to guide the implementation of the strategic plan, and to develop implementation steps. From the outset the committee recognized the need to fit with the strategic plan and also review and accept any recommendations from the evaluation committee. In this way, the changes outlined in the strategic plan are shaped by feedback from evaluation findings which ensures the connectedness of the implementation decisions to the existing situation.

Over the past year, the implementation committee has made strides toward change. Changes in 1995 focused on the following goals: eligibility criteria revisions, providing more flexible and portable support services based on individual needs and choices, enhancing crisis services, advocating with the Ministry of Health and the Ministry of Housing for individualized services, ensuring that housing and support are not contingent, and providing or assisting individuals in securing a wide range of housing options. Implementation of changes continues to date as the strategic plan outlines future directions until 1998.

Evaluation of Changes

Evaluation of changes began simultaneously with the implementation process as it was considered a necessary last step of the strategic plan. The intention of the evaluation is to understand the effects of changes on the service delivery system from the perspective of consumers, direct service staff, and management. The same external organization which facilitated the strategic plan was hired to support the evaluation internally. An evaluation committee, representative of all stakeholder groups, was struck in November of 1994. Currently, the committee includes three consumers, one family member, two staff people, two people from management, one external consultant, and one representative from a community agency. The committee operates on the principles of shared decision-making and inclusion of all members. In early spring 1995, a sub-group of the committee was formed to finalize the details of evaluation tasks. All work done by the subgroup is approved by the larger committee.

The overall direction of the evaluation was jointly created and is periodically reviewed by the committee. It was decided that the evaluation would focus on both the process of implementation and outcome of changes. The purpose of the evaluation is:

1. to understand and document the process of change in the service delivery system,
2. to understand and assess the impact of the changes for consumers, staff, the organization, and the community, and
3. to improve the ongoing service delivery system and future planning by providing feedback.

To fulfill its purpose, the evaluation committee has focused on developing questionnaires to survey consumers and staff, focus group interview guides to interview some consumers and staff,

and tracking tools to monitor ongoing information. Evaluation efforts are planned annually. The first year of evaluation was completed in December 1995.

Services

WRH offers a number of services designed to increase the quality of life of persons who experience mental health difficulties. Six areas of service are provided, including: housing, practical support, crisis support, supportive counseling, service coordination, and education and advocacy. Although most homes are considered permanent, people seeking temporary housing are accommodated. Housing options range from shared furnished homes to single apartment units, all of which offer private bedrooms. Additionally, a housing registry assists people to access market rent apartments in the private sector as well as subsidized rental units/apartment with local housing authorities, cooperatives, and nonprofit housing agencies. Assistance to secure accommodations in local boarding homes, special care homes, and other facilities in the region is also given.

Currently, the agency supports 146 people with significant mental health struggles. Of these, 54 people live in agency owned properties while the remaining 92 consumers are part of the community support program and live in privately owned rental units, subsidized, non profit, or cooperative housing. Almost all consumers are linked with a Community Support Coordinator who offers one to one supportive counseling and support coordination. Although practical support is primarily used by people living in agency owned properties, it is also available to people in the community support program on an as needed basis.

Support services are available seven days per week by a mobile staff team. *Practical support* includes assistance with any or all of the following: social skills training and support (e.g., relationship building, communications skills and community participation), personal living

skills (e.g., meal preparation, financial support, problem solving and medication management) , and vocational and leisure support (e.g., educational goals, volunteerism, employment, and recreational activities).

Supportive counseling involves a collaborative exploration of services needed or wanted by the consumer with their Community Support Coordinator. An individualized approach is used, meaning the person supported can choose his/her degree of involvement. Community Support Coordinators also assist with developing coping and crisis management, providing emotional support and befriending. This service is available to all consumers in the agency in that all people supported can choose to have a one-to-one support worker.

Crisis support is available to all people supported by WRH via 24 hour pager system. People in crisis can contact on call staff for assistance in assessing the situation and developing a plan of action. Crisis assistance may involve phone assistance or a visit to the person's home. Support may involve emotional counseling, transportation to emergency services, or referral to other community resources. All calls are followed up by the person's Community Support Coordinator. Follow up usually focuses on prevention (e.g., developing a crisis management plan) as well as intervention.

Service coordination involves assisting people to access community resources such as specialized health care, recreational and leisure opportunities, or vocational programs. Staff members facilitate consumers decision about services needed and help to access those services. Service coordination efforts between agencies ensure ease of service access and limit service duplication.

Board members and staff engage in *advocacy and education* at the individual, administrative or policy level. Public education efforts to reduce stigma and discrimination of people who experience serious mental health problems are being made by WRH members

whenever possible. Additionally, mainstream activities are encouraged by networking with community organizations whose mandate does not relate to mental illness.

Organizational Operations and Structures

In its beginnings the operations of WRH resembled a family owned business, with a volunteer board, a large volunteer component, and a small number of staff. Roles and responsibilities overlapped between groups, resulting in joint participation of each group in all organizational activities. With the expansion, intra-organizational workings shifted. An array of board committees (finance, personnel, program, property, long range planning) and senior staff acted as the primary decision-makers in organizational operations.

With a staff compliment of 32 people (20 Full-Time Equivalents), WRH has grown to be a mid size organization. The breakdown of positions is as follows: one Executive Director, one Program Director, seven Community Support Coordinators (including one part-time Housing Registry Director), seven Practical Support Workers (6.14 FTE's), one house worker, one part time maintenance person, one administrative assistant and one receptionist /office support person. Some staff work part time in two different positions. Additionally, 11 people act as relief staff, nine of whom offer practical support as needed and two do custodial and maintenance work. The hierarchical structure of the organization is reflected in Figure 2.

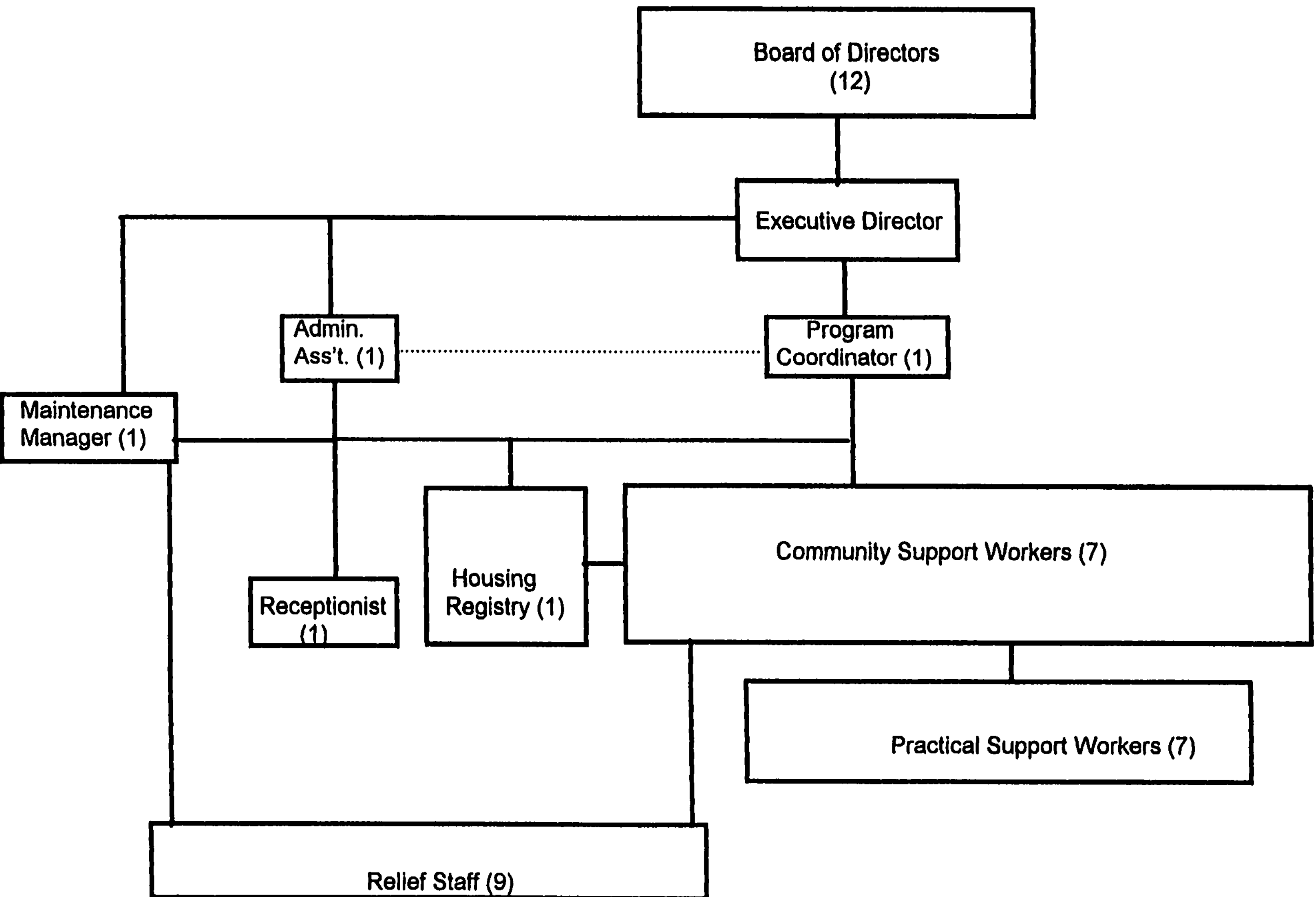

Figure 2: Organizational Chart

Since the strategic plan and its implementation, the internal operations of WRH have changed significantly. Board committees have disbanded in place of more shared decision making from all stakeholders in the organization. Although a new governance model is evolving, vehicles for input from representatives in the agency are in place. These include a number of groups that meet regularly, a board which represents all stakeholders, and a resident's council. See Figure 2 for an overview of the organizational structure.

There are a number of staff groups that meet regularly (see Figure 3). Senior staff which includes the Executive Directors, the Program Director, all Community Support Coordinators, (including the housing registry person) meet weekly for at least two hours. During this time problems are addressed, support and idea sharing take place, and input is sought from senior staff on issues facing the organization. Office/administrative meetings, also held weekly, include the Administrative Assistant, the Maintenance Manager, the Executive Director, and Program Director. The staff who work in the only 24 hour supportive housing program meet monthly. This makes up more than one-third of the entire agency's staff. Finally general staff meetings of all employees are held bi-monthly.

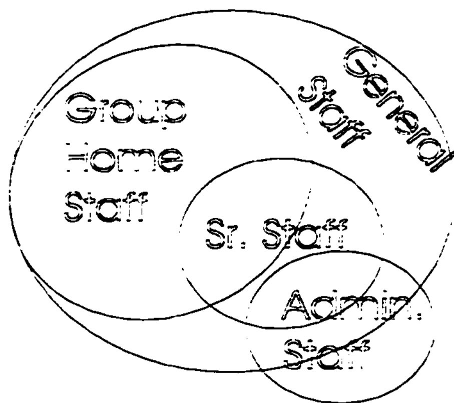

Figure 3: Groups that Meet Regularly

The Board

The board of WRH began as a working board in the early eighties. However, as the agency expanded and additional staff were hired, the board became more of an overseeing body. Its purpose is to govern the services and operations of the organization. Although, the board has capacity for 15 members, currently there are only 12 members, including four consumers, two family members, two people from mental health related organizations, and three concerned community citizens. The board operates by a set of by-laws which are currently under revision. For example, the board has been committed to one-third consumer representation for a number of years. However, this has not as yet become an official by law. Since the agency itself is experiencing a change process, the board is evolving toward a new way of doing business as well.

Residents' Council

The Residents' Council began in 1989 in response to consumers' concerns about the planning of social events. Staff were planning social events for individual housing programs. However, consumers in other homes wanted to take part in these activities. The Residents' Council formed to plan recreation activities for all consumers supported by the agency. Currently the Residents' Council has at least one representative from each agency owned property as well as representatives from the community support program. The membership totals 14 people. Two staff facilitators attend to bring information and solicit input about organizational happenings. Often other visitors will attend to present issues or projects that are getting underway within or outside the organization. The primary activities of the Residents' Council is planning social events, organizing fund raising activities to support recreational activities, and providing input into organizational operations. Recently, the Residents' Council

has been working on a Tenancy Agreement which is designed to bring the agency's housing program under provincial legislation (e.g., the Landlord and Tenants Act). Although the group works informally, voting may take place when decision-making is needed.

Loan Fund Committee

The Loan Fund Committee was formed in 1992, in response to a suggestion by a family member who noticed that often consumers needed short-term loans for emergency situations. The fund is sustained by donations from community members. Its purpose is to provide emergency funds (maximum of $100) to consumers supported by WRH who are in need. Examples of emergency situations include family crisis, emergency transportation, health necessities, immediate moving expenses, emergency repair and maintenance costs, and clothing necessities. Membership on the committee consists of three staff people and two consumers. The committee meets as needed. Three members, including at least one consumer, are needed to make a final decision. Repayment plans are negotiated with the loan recipient. Funds, repayment and receipts are kept separate from the agency as one staff person and one consumer have co-signing authority for the funds

Inter-Organizational Projects and Activities

WRH is currently involved in three ongoing projects with other organizations in the area. The Community Mental Health Education Series develops an annual workshop about mental health issues for service providers in the community. The group consists of representatives from the local hospital, the YWCA, CASH, CMHA, The House of Friendship (a local shelter) and WRH. Additionally, WRH has worked with Cambridge Memorial Hospital, CMHA and CASH to develop a proposal for a mental health crisis response team for the Kitchener Waterloo and Cambridge area. Although initial funding was not secured, the group continues to meet to

revise the proposed service. If this proposal receives funding, a joint service will be provided by WRH, CMHA and the hospital. Finally, WRH (along with CMHA and WRSH) is involved in a research project jointly undertaken by Wilfrid Laurier University and the Centre for Research and Education, investigating paradigm shift in mental health services over the past 15 years. This participatory research heavily involves stakeholders from each organizations in all phases of the research.

In addition to the many projects in which the organization formally participates, CMHA and WRH have developed service coordination agreements to streamline referrals between the organizations. Future plans are in the works for collaboration with WRSH to develop and enhance the peer support component of WRH's services. Finally, a number individuals within the agency sit on many committees, boards, and advisory councils throughout the community.

Summary

WRH is an organization in transition which is trying out new ways of providing housing and support to consumer-survivors. The recent strategic planning process has brought about a great deal of change over the past year and will continue to do so in the years ahead. Several groups, committees, and bodies govern the operation and provide vehicles for input into the decision making processes. The organization is extensively involved with other community agencies in the area in various projects and activities.

Methodology

Research Design

According to Yin (1989), case study research is a research strategy that "investigates a contemporary phenomenon within its real life context" (p. 23). Stake (1995) defines the case as a specific, complex functioning entity as well as an integrated system. The current research

design uses a case study approach to capture the complexities of partnerships in action within an actual setting.

Case study research can be explanatory, illustrative, exploratory and/or descriptive (Yin, 1989). Explanatory case studies seek causal links while illustrative case studies are used for journalistic or evaluative reasons. Since there is very little theory about partnerships to guide the research, an exploratory approach has been used. Furthermore, "thick description" (Geertz, 1973) will promote understanding of the "uniqueness, complexity, embededness and interaction (of the case) within its context" (Stake, 1995, p.16). A case study "allows an investigation to retain the holistic and meaningful characteristics of real - life events" (Yin, 1989, p. 14).

Since conducting multiple case studies requires extensive resources and time, a single case study has been selected. Yin (1989) emphasizes the critical need for careful investigation of a possible case to "minimize the chance of misrepresentation and maximize access needed to collect data" (p. 49). Due to my extensive involvement with the organization proposed for study, the potential for irrelevant questions and issues to be investigated was low, while access to information was high. Cases may be selected because they are typical or unusual (Stake, 1995). The current case was selected due to its uniqueness. Rationale for this case study selections will be described in more detail later in this document.

Concerns about case study research include a lack of scientific rigor, little or no basis for generalization and overwhelmingly unnecessary amounts of information (Yin, 1989). Overcoming these challenges is difficult, but not impossible. Carefully documenting the process of the research increases reliability and the possibility of other researchers coming to the same conclusion (Yin, 1989). Searching for patterns or consistencies within the case study may allow for a grounded theory to be developed based on the experiences, perceptions and actions of the

research participants (Bogdan & Taylor, 1975), even if generalizations are not possible. Additionally, the current research design attempts to balance economy with the preservation of the multiple realities of what is happening (Stake, 1995), resulting in concise and useful research.

Although case study research may be conducted using both quantitative and qualitative methods (Yin, 1989), only qualitative methods were used in this research. An inductive research approach was incorporated, meaning that the research does not begin with an hypothesis to be tested (Glaser & Straus, 1967). Additionally, a sensitizing framework (see Table 1) was used for this research (Lincoln & Guba, 1985). However, in qualitative research issues emerge, grow and then may die. Similarly, case study research "remains open to the nuances of increasing complexity" (Stake, 1995, p. 21). The goal of qualitative research is in-depth description as opposed to explanation in order to better understand the complex inter-relations of the case study. Therefore, a naturalistic, holistic, ethnographic and phenomenological approach guided the research (Denzin & Lincoln, 1994).

Correspondingly, the assumptions of social constructivism which deny the existence of one objective reality in favour of multiple and stakeholder constructed realities, were inherent in the research design (Lincoln & Guba, 1985). The best method of understanding and coming to know the phenomenon is to become part of the case study setting, not objectively observing from the outside (Lincoln & Guba, 1985). My already extensive involvement within the organization enhanced and enriched this approach.

Very little literature aligns case study research with participatory action research. However, Rogers and Palmer-Erbs (1994) describe "participatory action research as lending itself to qualitative, ethnographic studies and to studies of the disability experience" (p. 5). This study has attempted to actively involve all stakeholders and to produce findings of benefit and

immediate use to the organization (Whyte, 1991). In order to ensure feedback, approval, and permission to do the proposed research, a complete copy of my thesis proposal was given to the Executive Director and the Program Director. Feedback from these people was incorporated into the final research design. Additionally, I visited the Residents' Council and a senior staff meeting to inform and field questions about the research. Finally, a one page summary of the research was mailed out to all consumers, staff, and board members (see Appendix 1) to inform the entire agency of the research being conducted.

In the analysis phase of the research, cross checking of information with participants validated findings (Yin, 1989) and led to "rethinking and restructuring of relationships" (Whyte, 1991). It is also hoped that merely describing the phenomenon of partnerships has provided insight and solutions to challenges faced. Since past research at WRH has incorporated a participatory action approach, the current research fit within that tradition. Additionally, the information fit nicely with the evaluation activities already in place in the organization. Since the majority of those activities are quantitative, an in-depth qualitative approach has added significantly to the information already collected.

Using a qualitative, collaborative and action-oriented approach requires the flexibility of the case study design. Yin (1989) points out that a case study design is not written in stone and may be altered and revised after the initial stages. However, he warns that the original purpose or objectives of the research must remain intact. If questions are not working and new issues emerge then the design must be changed (Stake, 1995). This is described as "progressive focusing" by Partlet and Hamilton (1976). Although the sensitizing framework of definition, process and outcomes of partnership remained constant throughout the research process, data collection activities were dictated by emerging issues. For example, the mention of exemplary committee work instigated the review and analysis of their documents or records.

Assumptions of the Research

The assumptions which guided my research approach are grounded in the characteristics of naturalistic inquiry (Lincoln & Guba, 1985). I believe that there are multiple realities which should be studied holistically. Objective understanding of individual happenings or single phenomena are not possible or useful, as interacting and mutually shaping phenomena are often at work. Additionally, linear or simultaneous causality cannot be confirmed. Nor can far reaching generalizations be made. At best, a full understanding of the entity studied can be achieved and transferred to similar contexts (Lincoln & Guba, 1985, pp. 30 - 44).

The research is necessarily value-bound. My values as a researcher, as well the values of the setting under study, influenced the research design, focus, and interpretation (Lincoln & Guba, 1985). The values I hold as researcher are grounded in my experiences. It may be significant to note that the foundations of my research approach developed through my experience with the Centre for Research and Education in Human Services. I was involved with this setting for three years as an employee and a student researcher. This is the same organization that facilitated the strategic planning and evaluation process at WRH. This shared history and convergence of like-minded researchers enabled the evaluation process. My values which guided the current research are based upon the principles of doing no harm to the participants and respect and inclusion of numerous perspectives throughout the research process. I believe it necessary to be conscious of power differentials and how those power differentials can play out in the research process. I also hold a commitment to action or positive social change as a result of research findings. Finally, I value experiential knowledge and personal learning of participants and researchers as a legitimate basis for findings and theory. In the tradition of feminist research, I have tried to be a part of this thesis just as I have directly

participated and observed partnership at WRH (Reinharz, 1992). These values and assumptions have guided my choices of method.

Data Collection Techniques

In the tradition of naturalistic inquiry, partnership is best studied in its natural setting as this ensures a full picture of the phenomenon in its context (Lincoln & Guba, 1985). I use qualitative research methods to ensure the adaptability of data collection based on the emerging focus of the research. Since the research is exploratory, it is difficult if not impossible to develop an a priori data collection tool to maneuver the potential turns the research focus may take. The complexities of partnership require an interactive, inductive approach to analysis, typical of qualitative research. Furthermore, interaction between the researcher and the participants facilitated an understanding of participant's multiple realities and the meanings assigned to events and phenomena (Lincoln & Guba, 1985). Three methodological approaches were used to gain an in-depth understanding of the case study: process notes, document review, and interviews.

Process notes. As a participant observer in the setting, I kept process notes throughout my involvement with the organization, from May 1995 until the present. I have observed meetings, group and individual interviews, informal discussions, and everyday life in the office in addition to a number of visits to the properties. Although the structure and focus of these notes have been emergent, the framework includes challenges and facilitative factors to collaboration and participation of different stakeholders. Additionally, the roles of different players in the evaluation and implementation of changes are described. However since my thesis topic and future involvement was not solidified at the time the majority of these process notes were taken, their focus was not on partnership issues. My field notes were both descriptive and

analytic. Process notes were also based on my continued experiences with the agency in the capacity of thesis student. Although I used these process notes as an interpretive tool for emerging themes in issues, they were relied upon only as a secondary data source.

Document review. The primary purpose of reviewing documents of the agency was to develop a comprehensive description of the agency's history, programs, projects and operations. A secondary purpose of the document review was to better understand the agency's processes of completing projects and delivering services. Documents reviewed include annual general reports, agency pamphlets, and information packages, the strategic plan, evaluation reports, the crisis response proposal, minutes from committee meetings (Long Range Planning, Implementation, Evaluation), and documents from the loan fund committee and the crisis proposal committee. Many of these documents date back to the very beginnings of the organization in the early 1980's, and continue to present day.

In reviewing documents, I first read over the document in its entirety and made a brief summary of its content. Following this, I read over the document again and picked out any relevant points and wrote them on a small index card which served as an aid in my writing. Relevant information included anything that fit into the above mentioned framework. The Executive Director gave written permission for access to these documents and for their use for this research (see Appendix 2).

Interviews. Individual and group interviews were conducted with all stakeholder groups involved with the organization. The purpose of the interviews was to develop an in-depth understanding of partnerships in the organization as experienced by the various stakeholder groups. Eleven interviews were conducted, three of which comprised two participants each, resulting in 14 participants in total. Decisions between group or individual interviews were based

upon perceived time availability and flexibility of different stakeholders, the benefits of idea generation with more than one person interviewed, and the comfort level of people involved.

As depicted in the interview guide (Appendix 3), the interview focused on issues of partnership definition, collaboration, stakeholder involvement, consumer participation, and empowerment. Challenges and facilitative factors were also be investigated. In the tradition of case study research, the protocol became a very flexible and ever-changing tool. Often my probes were used to validate or obtain a different perspective than what other interviewees had described. Stake (1995) assures that qualitative case study seldom involves the same questions being asked of each respondent as each person is expected to have had different and unique experiences and stories. These interviews were a valuable source of information as probing allowed for checking emerging themes and issues.

As Table 3 indicates, interview participants had many roles and were very involved with the agency's operation. The length of involvement varied from one year to 15 years (since the founding of the agency). This variety of backgrounds and experiences provided a rich and insightful look at the case study setting.

Table 4: Description of Interviewees

Interview	Stakeholder Group	Number of participants
Int 1.	consumer / staff / board member/ resident council.	1
Int 2	consumer / board member / other organization involvement	1
Int 3	consumer/ other organizational involvement / past board member	1
Int 4.	consumer / resident council / past board member	1
Int 5	management / board / other organizational involvement	2
Int 6	community support coordinators / other organizational involvement	2
Int 7	practical support worker / other organizational involvement	1
Int 8	family member / past board member / other organizational involvement	1
Int 9	board member / other organizational involvement	1
Int 10	board member / family member / other organizational involvement	1
Int 11	consultant / evaluator / other organizational involvement	2
Total 11 interviews		**14 participants**

Participant Selection Criteria

Within case study research, not all views are necessarily of methodologically equal value (Stake, 1995). Participants for interviews and observations were purposively selected based on their own interest and comfort level as well as involvement in organizations (committee work, length of employment, positions held in the organization) and community involvement (participation with other mental health organizations and movements). Patton (1990) describes this sampling as the selection of information rich cases, meaning people who have a great deal of information central to the purpose of the research. Key people were asked for input regarding this selection based on criteria resonant with the research questions. Each person was asked to complete the table contained in Appendix 4. Based on this information and my past experience with the organization, I developed a list of potential participants. The people on this list were contacted either by phone or in person, by myself, to inquire about the possibility of participating in the research. This contact was guided by the protocol outlined in Appendix 5.

All interviewees were assured complete confidentiality and were asked to sign a letter of informed consent (see Appendix 6). Transcripts of interviews were given to participants within three weeks of the interview for their review, input, and to ensure participant control over the data. Participants were invited to change, edit or withdraw anything on the transcript and return them to me (see Appendix 7). Four participants chose to do this. Rough drafts of the findings from the research were shared with key participants for more feedback.

Analysis

Throughout the research process, data were examined for meanings and interpretations which informed further data collection. Yin (1989) calls for "continuous interactions between

the theoretical issues being studied and the data being collected" (pp. 62). In turn, these meanings redirected, refined and/or substantiated the findings (Stake, 1995). The analysis attempted to preserve multiple realities yet catch contradictory views and increasing complexities (Stake, 1995). Documents and process notes were primarily analyzed descriptively and used to better illustrate the case itself. However, the interview data were analyzed using three key tools. First, the previously described circle model (refer to page 8) depicted the overall boundaries of the inquiry. Second, Table 1 (refer to page 10) acted as a sensitizing framework in the analysis to focus the definition of partnership. Finally, this table was revised to create an analysis matrix which was used for each interview (see Appendix 8). The in-depth literature review conducted prior to data collection facilitated a firm comprehension of partnership issues ensuring a focused interview and analysis process (Yin, 1989).

The initial level of data analysis was primarily descriptive. The purpose of this initial open coding (Strauss & Corbin, 1990) was to break down the data into more manageable pieces. The first step of open coding was to simply read over the transcript and underline relevant information. A second reading of each transcript was followed by a written summary and general impressions, which were added to the field notes already taken directly following the interview. The third reading was accompanied by the task of filling in the categories (boxes) in the analysis matrix (Appendix 8). The actual hard copy of the interview transcripts were colour coded according to this framework (e.g., data about facilitative factors were highlighted with a green marker). These loose bits of data are called bibbits by Strauss and Corbin (1990). For manageability reasons, I cut and pasted each bibbit of data (quote pertaining to a certain category) and organized it by the categories of definition, facilitative or impeding factor, outcomes and other. Hard copies of this information were manually cut and then organized into envelopes according to the open categories. If I encountered any misunderstandings or

uncertainties or meaning in reviewing the data, I contacted the interviewee and asked for further clarification. Finally the interview was reviewed a last time to catch anything missed and to pick out potential quotes for the write up.

Following this extensive open coding process, I began to build the data back up into emerging theory. The process is called axial coding by Strauss and Corbin (1990). By organizing the open categories within the overarching categories of definition, facilitative and impeding factors and outcomes, themes emerged. Following the lengthy process of analyzing the interview data, the emerging issues and themes resulted in a detailed outline of my findings and discussion section. To write, I simply picked up an envelope of quotes and described its contents. Since each bibbit is cross referenced with a transcript, it is possible for an outside researcher to follow the findings back to their original sources, hence increasing the consistency of the research, a goal of case study research (Yin, 1989). Furthermore, a case study data base (Yin, 1989) has been created by collecting all transcripts in a data binder, all document review notes on index cards, and all bibbits in envelopes labeled as categories and themes.

Interview participants received a summary of the research findings (see Appendix 9) and a complete rough draft of the Findings and Discussion section with their personal quotes highlighted. People were asked to review their quotes and if possible the research findings. Participants were invited to give feedback by telephone or in writing regarding the results. This feedback was incorporated into the final document.

Since true generalizations are not typically possible with case study research, analytic generalizations were attempted by using "a previously developed theory ... as a template with which to compare the empirical results of the case study" (Yin, 1984, p. 39). Analysis was linked with the purpose of the research by searching for common definitions, facilitative and

impeding factors, and positive and negative outcomes of partnerships. Although the emphasis of case study is on understanding the case itself (Stake, 1995), it is hoped that these themes will facilitate partnership building in other similar organizations. The questions in Appendix 10 also guided and focused this analysis phase.

Findings and Discussion

The purpose of the research was to describe partnerships in practice at WRH based on the perceptions and insights of key people involved with the organization. In this section, an overview of the research findings regarding the definition, facilitating and impeding factors, and the potential outcomes of partnership are presented. Where possible, the results are discussed within the context of previous research.

Figure 1, Circles of Partnership Investigated (see page 10), depicts the proposed multi-level investigation of the intra-organizational, inter-organizational, and evaluator/consultant - organizational spheres. During my analysis, I discovered that virtually all the categories which emerged regarding partnership applied to every level of investigation. Therefore, within my findings and discussion, applications to all levels are made throughout each of the following sections. While striving to avoid overwhelming amounts of information typical of case study research (Yin, 1989), I have tried to give examples of these applications at all levels. Unless otherwise indicated, please consider these findings to be related to each level. In the summary and conclusions section I will re-address this issue in an attempt to extract distinct themes across these levels of analysis.

It was not the purpose of this research to evaluate the strength of partnership within this setting but to better understand the concept based on the experiences of people who are using partnership oriented practices. To this end, I have given rich description of examples as well

dilemmas of practicing partnership. Where possible I have tried to use a critical and interpretive lens to view the data to supplement my immersion in the setting in order to develop a comprehensive and realistic picture of what is happening at WRH.

Due to the qualitative nature of the research, I do not attempt to make causal inferences or sweeping generalizations. I do, however, describe the experiences of one organization in its journey toward putting partnership into practice. Hopefully, the lessons learned and strategies tried will prove useful to similar organizations.

Defining Partnership

Currently there is no common understanding of the concept of partnership in the literature or in community mental health practices (Boudreau, 1991; Labonté, 1993). In order to better understand this phenomenon, the interview participants were asked a very open-ended question about the meaning of partnership (e.g., What are the common elements of partnership? What does it mean to be working in partnership? or What does partnership mean to you?). Participants were asked to relate to their roles and happenings at WRH, as well as their experiences in the community.

Although I had developed a sensitizing framework (see Table 1) with which to analyze the data, I was open to new definitions, concepts, or values of partnership. As it happens, participants described a number of aspects of working together which were considered necessary for partnership to be present. It is these phenomena which I have labeled the values of partnership. Following the description of these values, I will revisit the initial framework which is founded primarily on the literature and revise it according to the research findings.

Values of Partnership

Values are characteristics which are considered desirable, useful or of general worth. Based on the research findings, I believe that these values provide the basis from which to build partnership. The values of partnership which emerged from the data were collaborative interaction, power-sharing, shared decision-making, resource sharing, stakeholder inclusion, shared responsibility and equality. Unlike other researchers (Prilleltensky, 1994; Prilleltensky & Walsh-Bowers, 1993) who have blended these similar values, I have opted to keep each separate and distinct because values are not universally good across time and place, and over time the merits of a value can diminish as contexts change (Prilleltensky & Nelson, in press). By distinguishing between these values, the flexible and ever-changing nature of partnership allows for a focusing and re-focusing on each value as needed.

Additionally, not all the values described may be present within the partnership. However, the potency and abundance of these values will dictate the strength of the partnership. These values can be applied across the different levels described in Figure 1 (intra-organizational, inter-organizational and evaluator/consultant - organizational partnership). Detailed descriptions of each of these values is described below, along with illustrations of these values in practice at WRH.

Collaborative interaction. Overall, participants described partnership as a way of working together or collaborating on an issue, project, or toward some common goal. One person said " ... the theory of partnerships, I think, is that if you get two or three people or groups working together they are going to be able to produce more and better results than somebody working on it by themselves." Regarding his experiences with the strategic planning process at WRH, one person described this working together in the following way,

> "In relation to partnership, in terms of trying to work together, I thought we (WRH) did quite well. It wasn't defined as partnership, but I am thinking it was

a partnership in the sense that we were all trying to figure out how... to work together, and I guess I am thinking of that as a partnership."

Collaboration seems to be the basis for partnership. However, participants further described this collaboration as reciprocal and interactive. One consumer characterized her life experience as a valuable contribution to the evaluation process at WRH, in addition to the expertise that the researchers brought to the table. Although, collaboration with all stakeholders within WRH is something that is upheld as a goal, putting these values into practice can be a struggle. In describing her experiences with the Loan Fund Committee, one participant explained that sometimes all committee members may not be consulted about loan applications. Although she recognized this was in part due to the emergency nature of some requests, she also felt the principles of collaboration dictate that all members take part in this decision making process, even if it is only through telephone consultation. Additionally, a staff person talked about the struggle of practicing collaborative interaction at the service provider - service user level, saying " there are days when it is so much easier to say (to consumers), "This is what you have to do , here is a list, when you get done come back and see me"... instead of truly collaborating about their support services. " Implementing collaborative interaction all levels requires constant awareness and effort for people at WRH.

Similar concepts in the literature include a resource collaborator role in which nonprofessionals are viewed as being both resourceful and influential (Tyler, Pargament, & Gatz, 1983). Trivette, Dunst, and Hamby (1996) describe a family centred model of service provision as viewing professionals as instruments of families who direct their service provision as opposed to experts who prescribe services needed. Additionally, Bloom (1977) depicts interdependence as groups of people who have needs to be met by others and contributions to be made to others. The value of collaborative interaction described by the participants in the research can be characterized by this kind of interdependence and resourcefulness.

Power-sharing. Power-sharing emerged strongly as value of partnership. Consumers, staff, management, board members, and external consultants all talked about issues related to power and power-sharing. One person said "a relationship that one has power over the other ... I wouldn't even call it a partnership." Power issues related to the typical hierarchical structure of the organization in which most power is vested in the upper echelons such as the board and management as well as individual relationships between service-users and service-providers. Participants advocated for a more balanced sharing of power between these groups.

However, people also recognized the challenges inherent in balancing power. One participant indicated that without a lot of time and energy, power sharing doesn't happen, explaining that this is currently the case as WRH. Similarly, Riger (1993) highlights the time consuming processes needed for empowering practices in organizations that are also struggling with growing demands for services. Another person acknowledged that "You are not going to eliminate power imbalances but you try to reduce them as much as you can." Based on strategic planning changes, consumers are now able to choose the support coordinator with whom they would like to work. However, there are barriers that prevent consumers from having this power. For example, one consumer described her experiences of choosing a new support coordinator after her current support coordinator resigned. As it happened the person she wanted to work with was not a senior staff person but a practical support worker. According to the hierarchy of the organization, community support coordinators are usually senior staff people so this connection was not possible. The consumer interpreted this as a barrier to power sharing since she was not able to make significant changes in the operations of the organization. Likewise, Gruber and Trickett (1987) describe organizational change efforts in a school aimed at redistributing power which are met with institutional structures creating barriers to this end.

Participants also talked about issues of perceived power. One staff member recounted a story about a person she supports who assumed that as a Community Support Coordinator at WRH, she made medication recommendations to this consumer's psychiatrist. The misperception was quickly corrected. However, the staff person was left acutely aware of how people with relatively less power perceive those with power. Being cognizant of differing viewpoints of power issues came out as key to power-sharing. Additionally, one participant talked about the need to view power as the ability to influence people and decisions, and claimed that front line staff have a certain sense of power and control through the relationships they form with consumers. Being mindful and non-abusive of this covert influence may be required to balance power.

Being open and aware of power issues and sharing perspectives from different stakeholders builds toward power redistribution. A person in a management position felt strongly that "the perceived power has to be on the table and discussed. There must be equal sharing of responsibilities and decision-making for the tasks the group takes on." I would interpret this as an awareness of power issues coming from the leaders in the organization which may be considered a promising step toward power redistribution. Prilleltensky and Walsh-Bowers (1993) explained that principles of power-sharing often threaten the position of privilege enjoyed by professionals. Without support from the people in power (e.g., management), power-sharing is difficult at best.

Structurally transferring power within the hierarchy from those who typically have the authority to those who don't was considered another component of partnership. Suggestions such as a hiring committees that include consumers and consumer involvement in staff evaluations are being talked about as practical approaches to power decentralization. In the past five years, WRH has made strides toward structural changes which encourage consumer

participation on committees and the board. In the wake of these changes, one consumer's vision was described in the following way. "My view of the future of the organization is one of partnerships, yes, but partnership based upon the sharing of power."

Power sharing, redistribution, and decentralization came out as a significant value of partnership. The challenge of making this a reality at WRH was recognized by many different stakeholders. It is not clear how strong power sharing is at WRH. Being aware of actual and perceived power as well as openly addressing these issues amongst the different players was considered vital to partnership. Power sharing needs to occur structurally within the organization and at the individual level. One participant summed up the necessity of this value by saying "...partnership is not going to work if there is a strong power imbalance."

Shared decision-making. Another value integral to partnership which strongly emerged from the data was shared decision-making without which partnership would not be present. The involvement of people in decisions was described as important at different levels within the organization. Staff talked about the value of having input into decisions made by management. A staff person explained, "I don't recall any time being told to do something by management that I had no say in or no ability to share my opinion if I chose to." Sharing decision-making between management and staff is strong at WRH. Management and staff described exemplary organizational processes to involve people in decisions as being honed in recent years. Shared decision-making is also potent at the service provider - service user level as both consumers and staff described how decisions are made jointly regarding the services and supports.

Being part of the decision-making process was described as not only having input into the options presented but also being part of developing the possible options around an issue or problem. Although consumers and family are represented on internal and inter-organizational committees at WRH, their role in shared decision-making did not become clear through this

research. Involving all stakeholders in decision-making though solicitation and incorporation of input is happening. However, a consumer interviewed did not feel that in general consumers were involved in developing options and solutions. Another participant described this phenomenon as the difference between merely accessing vehicles for input and genuine participation in the decision-making process. Prilleltensky and Walsh-Bowers (1993) describe democratic participation as occurring when stakeholders are given a meaningful opportunity to voice their concerns and have consequential input into decisions.

Another part of this process was described as feeding back information so people can make informed choices and acknowledging all stakeholders input equally. One person explained, "I feel I am more in a partnership arrangement if my ideas are listened to and validated... (or) feeling that your voice is given the same weight as someone else." Equality of stakeholders in shared decision making is not apparent within the structures of WRH. Although all committees have stakeholder representation, the relative power of different groups in the decision-making process is imbalanced. For example, the Residents' Council plays a minor role in making operational decisions. Primarily, the Residents' Council plans social and fund raising events. Secondary activities include giving input or reviewing organizational decisions and research or program proposals. In comparison, the senior staff group which meets weekly, brainstorms ideas, creates options and solves problems, activities which reflect more genuine shared decision-making. This is changing as a current task which preoccupies the Residents' Council is developing a Residency Agreement which reflects the Landlord and Tenants' Act for all people living in WRH properties. However, one consumer I talked with who sits on the Residents' Council explained that she finds these meetings more enjoyable than her past involvement on the board which she found very dry and uninteresting, *because* they are planning social events for other consumers. As noted earlier , the Residents' Council fills a need for

recreational activities for consumer/survivors which should not be overlooked. This situation provide evidence of the struggles WRH has experienced by implementing the values of shared decision-making.

Having voice and genuine participation in decisions, whether it be at the individual service-provider - service-user level, within the organization's operations or on inter-agency work groups, is a key value of partnership. As explained by the Executive Director, WRH is developing processes whereby all interested parties can have input into decisions. The value of shared decision-making is challenging to put into practice. However, most participants agreed that without shared decision- making, partnership does not happen.

Stakeholder involvement. Insuring a diversity of perspectives via stakeholder involvement was another key value of partnership for many participants. Stakeholders can be considered anyone who has "a stake" in the partnership (Patton, 1990). Most people said that partnership required a broad base of representatives. One person explained, "Everybody's voice is not only important but it's necessary, and I think that is part of being partners." At the service-provider - service-user level, this was described as including family members and other service-providers as well as the consumer and their individual worker in developing supports. Organizationally, this was described as including representatives from stakeholder groups such as consumers, family, staff, and/or community citizens on committees and working groups.

The inclusion of consumers was stressed, since as a group, consumers have historically not been involved in partnerships. Most people agreed that achieving the perspective of consumers was foremost. One person described WRH approach to consumer involvement in the following way. "I find the agency will listen to consumers before anybody else. It has been my personal experience sitting on committees that the information that comes from consumers is considered very, very valuable and it is never discounted." Consumer involvement at WRH on

in house and inter-organizational committees is mostly carried out by a handful of deeply involved consumers. Throughout my involvement with WRH, I came to know this very active group of consumers as I worked with various committees and reviewed historical documents. People at WRH are very aware of this and continue to try to include more people outside this group.

The value of stakeholder involvement was articulated by participants as a way to develop understanding of other people's experiences. Its importance was explained in the following way,

> "You really need to develop that richness of understanding between any community (the consumer community, the family and even the service-provider community), the role of diversity and a richness within those communities. If you really want to start talking about true partnership there needs to be an understanding, an acceptance and an openness to that richness and diversity."

Two people added the inclusion of different cultural groups as well as other stakeholder groups as a value of partnership. Although an explicit objective (#9) of the strategic plan is to be "sensitive to ethnic diversity," an action plan is not specifically stated. One participant expressed his discomfort and deep disappointment that WRH has no action or objective toward multi-cultural communities. At the same time, he recognized the lack of funding available for these initiatives.

At the service provider - service user level, staff interviewed described their struggle with stakeholder involvement as evidenced by the often disparate perspectives of family and consumer/survivors. One person explained

> "I think the thing I have to keep in mind is the partnership I have between myself and consumers is the primary thing... because I have some people who have no contact with their families at all. It is almost easier for those people than consumers who have families that don't always agree with what they are doing. At times you really have to back up a person despite their families... It can be really tricky walking through that and not wanting to offend anybody."

Using a systemic approach which empowers family members to be a part of the therapeutic relationship (Bernheim, 1990) is intended to foster consumer's independence from the mental

health system (Freund, 1993). However, if family members are over protective, consumer's control, self determination or independence from the family may be impeded. On the other hand, a family member who I interviewed also spoke about these issues, emphasizing the importance of involving all family members. He said, " There may be one family member very ill who needs treatment and there could be three or four siblings and a couple of parents and you have to consider those people too. ... You have to take into account that there will be different perspectives, different histories and different experiences." The different perspectives of stakeholders also became an issue in the strategic planning process during discussions of closing down group homes. Typically, family members were very distraught with this idea since they felt it would compromise the care their family member would receive. However, some consumers, some staff, and the consultant believed closing group homes was a step toward independence and empowerment for consumers.

Meaningful involvement of all stakeholders was described by participants as a key value of partnership. WRH is making headway despite challenges to involve consumers, family members and ethno-cultural communities' perspectives. Stakeholder involvement was seen as a way to develop insight and understanding of other people's perspectives which in turn would create a shared sense of community.

Shared resources. Partnership to many participants involved a sharing of resources between partners. Examples of resources included money, information, skills, services, employment, people, or property. Many researchers have talked about the need to equitably and fairly distribute resources and opportunities (Facione, Scherer, & Attig, 1978; Miller, 1978; Olson, 1978; Prilleltensky, 1994). At the service-provider - service-user level, an example of shared resources was described by a consumer as her support coordinator sharing information with her. Other consumers described the need for more employment opportunities for

consumer/survivors within the agency. As in the larger mental health system (Church, 1995), the value of sharing of resources with consumers is not implemented as successfully as other partnership values discussed. In the literature, Riger (1993) claims that many intervention efforts aimed at empowerment and self efficacy do little to affect people's control of resources. Although there are three paid staff people (that I know of) employed by WRH who are also consumers, there are "jobs" that consumers perform which are not reimbursed with valued resources (e.g., money). I recognized this paradox as I sat with a consumer entering data, knowing I would be paid and she would not. More consumers are being solicited to assist with data entry in the new year. However, it is not clear to me at this time if it is as volunteers or paid staff. Consumers' volunteer participation on committees alongside paid staff was pointed out by one participant as a growing contentious issue at WRH.

In the consultant / evaluator interview, an example of shared resources was described as the decision about where I as a researcher should be employed. As partners, WRH and the Centre for Research and Education discussed the advantages and disadvantages and decided that the researcher should be employed by WRH. This decision was not without its dilemmas. For example, WRH is not a research organization, therefore it is not equipped with research equipment (e.g., software statistical packages, transcribers, etc.) and supports (e.g., in house research experts or literature from which I could draw assistance). At this level the complexity of resource sharing deepened. Since I was a student at Wilfrid Laurier, I could draw on its resources. Additionally, my long standing history and interpersonal relationships at the Centre for Research and Education allowed extremely flexible support (e.g., at home phone calls, resource loans, and "house calls" by the external consultant). Additionally, WRH partially funded my attendance at the International Evaluation Conference in Vancouver in November of 1995. I very much appreciated this support and educational opportunity.

Although resources are not often divided equally among the partners ("if there's little or no sharing of valued resources then I would call it a more minimal partnership"). I believe the goal to work toward is to share resources as equitably as possible. Participants agreed that resources available should be openly discussed and partners should be open to different options of how resources could be distributed. Furthermore, assumptions (e.g., staff are paid, consumers are not) should not be made about who will control the resources.

Shared responsibility. In addition to shared resources, shared responsibility emerged as an important value of partnership primarily from staff and consumers. Correspondingly, Prilleltensky (1994) defines the value of distributive justice as not only including shared resources but as the equitable distribution of burdens and responsibilities. One consumer explained that being depended upon and responsible for parts of a project resulted in feelings of importance and worthiness. However, she also explained that people at WRH understand when she is not able to take more responsibility (e.g., when she is ill). A staff person speaking about shared responsibility reinforced this perspective saying, "A lot of people (consumers) have been in hospital and in places where they have had no choice about responsibility. Somebody else just took it. So trying to encourage people to take back that responsibility again, I find, is a very big challenge." It seems that people who have not typically had meaningful opportunities to take part in projects or activities appreciate these chances.

On the other hand, giving total responsibility for an outcome to one person was described as not reflecting partnership. One staff person explained, " it's more comfortable for me knowing that I am not out there by myself, that I am in partnership with other people." Other participants echoed the need to take responsibilities so as not to let others down, as this also did not reflect partnership. At the inter-organizational level, a participant emphasized the need to be able to let other agencies be responsible for certain activities or services. Letting go of total

control to another agency or another person conveys trust and confidence in another person or agencies' abilities. One staff person I interviewed described this process as something that is being learned over time and with experience at WRH. Balancing the responsibilities and burdens fairly between partners is a significant value of partnership. One participant summed up this value by saying, "You can't always take all the tasks and split them equally... (but) I think as long as everyone contributes in a meaningful way it would work fine."

Equality. Equality between partners was considered another prominent value of partnership. This overarching value was unique in that it cut across the other values of shared decision-making, shared resources, power-sharing and shared responsibility. For example, participants described the need for equal opportunity to make their perspectives heard, participate in decision-making, and establish an equal balance of power and responsibility. One person thought that "the more equitable it (the relationship) is, the stronger the partnership." Developing equity at WRH clashes with the larger mental health system. As one participant pointed out, the stigma which consumer/survivors experience and the typical privilege that professional hold pervades the system and is difficult to debunk at organizational level.

Issues of equality were most apparent when people talked about the service-provider - service-user relationship. Consumers stressed the importance of relating on an equal basis with their community support coordinator. While staff emphasized the need to establish more equity in the consumer - worker relationship. One person pointed out that equality between service-providers and service-users was not necessarily to be pursued, since consumers should have more power in making decisions regarding their lives. This leads me to wonder if equilibrium between partners is desired in all circumstances. Another participant, citing the example of the proposal to develop a crisis response team, explained that in partnering between organizations, imbalances between partners would often shift from one group to another depending on what

happened at the table. Being open and addressing issues of equality is a value inherent in partnership.

Summary Seven fundamental values of partnership emerged from the data: collaborative interaction, power-sharing, shared decision-making, stakeholder involvement, shared resources, shared responsibility and equality (see Table 5).

Table 5: Defining Values of Partnership

Defining Values	Description in Action
Collaborative interaction	• a reciprocal, interactive, and interdependent way of working together in which partners are seen as resourceful and influential
Power sharing	• balance, redistribution, decentralization of authority and direct or covert influence • cognizance and openness about power issues and perceived power
Shared decision-making	• input solicitation and incorporation • shared opinions and ideas between partners (voice) • partners as integral to the development of options, problem solving, and solution creation • feedback and shared information to facilitate informed choices,
Stakeholder involvement	• meaningful inclusion (in the partnership) of diverse perspectives from people who have a stake or connection to the issue(s) • creation of a deep understanding and sensitivity of partners' perspectives, experiences, and history
Resource sharing	• equitable or openly negotiated distribution of money, information, skills, knowledge, services, employment, people, or property without pre-defined assumptions or limitations
Shared responsibility	• equitable or openly negotiated distribution of burdens, tasks, duties, roles, and control of activities, events, or services
Equality	• equilibrium in status, roles, and opportunities for all partners • an open process and negotiated equity

These seven pillars establish the foundation for partnership. No one value was viewed by participants as having priority over any other. Instead each value was considered interdependent with the other six. The interdependency of these values can be illustrated with an example from WRH. For instance, the working sub-group of the evaluation committee consisted of myself, the external evaluator, the program director, a person from another agency, and one consumer. As a group, we attempted to share responsibility for the work that needed to be done. At the same

time we were conscious of the lack of monetary reimbursement that two of the five committee members received. Since I was a paid research assistant whose role was to do the work of the evaluation, it was also my role to take the bulk of the responsibility. One cannot expect a partner to shoulder all the responsibility and share none of the resources. The negotiation of resources and responsibilities can become quite complex in partnership as was evidenced by the balancing of tasks and accountability or credit that occurred between myself and the external evaluator. Our previous working relationship and genuine friendship facilitated this process but it was not without discord.

In referring back to my sensitizing framework (Table 1), the seven values based on the data can be seen as fragments of the larger three values which emerged from the literature review. I believe that these values can be integrated in the following way. Stakeholder participation and collaboration consolidates collaborative interaction, shared decision-making, and stakeholder involvement. To the value of power sharing, I would add issues of equality. Finally, distribution of resources includes both sharing of resources and responsibilities. Since some values may predominate over others in certain relationships, at particular times, and in certain contexts (Prilleltensky & Nelson, in press), the fragmentation of these three values into seven distinct values is a meritorious contribution of this research. In this way, partnership becomes a kaleidoscope which may change significantly as different values are placed in importance. However, just as the fragments of a kaleidoscope are always part of the picture, genuine partnership incorporates all of these values to some extent.

To better understand these values in practice, Table 1 is integrated below with findings from my research and experiences with WRH into Table 6. This table collapses the seven values of the research with the three values of the literature review. Examples of these values in practice at the intra-, inter- and evaluator/consultant-organizational levels and across the

interpersonal and organizational dimensions are also provided (again based on literature and data).

Table 6: Values of Partnership Across Interpersonal and Organizational Levels of Analysis Revised

Values	Interpersonal (Roles and Relationships)	Organizational (Structures)
1. Collaborative interaction, shared decision-making and stakeholder involvement		
• intra-organizational	• consumer-directed services (therapeutic alliance) • consumer voice and choice in the way individual services are provided • systemic approach to service delivery (e.g., include consumers, family members, friends, other professionals)	• consumer voice/ participation in decision making structures • consumer-run projects and programs • new structures to give consumers a voice • representation of all stakeholders at committees, the board and decision-making bodies
• organization - organization	• informal relationships and networking between consumers and service providers from different organizations • informal consultation and information sharing regarding support services	• joint planning of projects, policy and public relations events • formalized service coordination between organizations
• evaluator/consultant - organization	• more formal and informal relations between consumers, service providers and researchers (e.g., stakeholders as researchers and established friendship between researchers and other stakeholders) • shared decision making around design, collection, analysis and interpretation • user friendly language in evaluation processes and write up	• stakeholders on committees which plan, design, perform, and review evaluation and consultation projects • mechanisms in place for data interpretation and feedback with the entire organization • creation of evaluation committee which is representative of all stakeholders
2. Power sharing and equality		
• intra-organizational	• joint planning and decision making regarding individual goals and supports used • recognition of each partner status, attempts made to equalize status • consumers recognized as the priority	• equal say in planning programs and policies • recognize that consumers/ survivors historically are the least powerful so create structural mechanisms *to correct it*

Table 6: Values of Partnership Across Interpersonal and Organizational Levels of Analysis Revised Continued

• organization - organization	• people joining forces and building relationships to develop or advocate for new programs and policies	• coordinated public policy and dissemination of public policy structures of mechanism in place to reduce territorialism and power plays
• evaluator/consultant - organization	• valuing the lived experiences and other contributions of consumers and staff to the research process • not making limiting assumptions about abilities or roles that "non-experts" can play in research process	• mechanisms whereby the researcher spends time getting to know the organization and its culture
3. Shared resources and responsibilities		
• intra-organizational	• sharing knowledge which will demystify the mental health system (e.g., informing consumers of rights) • negotiating responsibilities and resource distribution • releasing control or taking responsibility for activities or tasks • trusting partners; competence	• providing training and sensitization • providing emotional and tangible supports • consumers as staff • consumer owned properties
• organization - organization	• providing tangible supports for stakeholders from less well funded organizations to participate • draw on other's organizations experiences to strengthen partnership (e.g., learn from each other)	• organizational support for their people's involvement with other organizations • joint ongoing services, projects • resource pooling or sharing (e.g., ordering office supplies, use common office space and equipment)
• evaluator/consultant - organization	• sharing knowledge of research techniques (e.g., share books, distribute information pamphlets) • facilitate internal evaluation activities and ownership • practical involvement of all stakeholders in evaluation activities	• establishing a long-term relationship of planning and evaluating • set up mechanisms whereby continued evaluation activities can happen without you (e.g., train people to do data entry)

This table reflects the data from WRH and the literature only. It is assumed that the content and shape of the table would change for other settings. Its purpose is to facilitate a better understanding of partnership by exemplifying partnership values in practice. It is hoped that this illustration of partnership will provide a context with which to understand the following section; facilitative and impeding factors of partnership.

Factors which Facilitate or Impede Partnership

The second goal of this research was to understand the factors which facilitate or impede the process of building partnerships. Each participant was asked open ended questions about what helps or hinders working in partnership (e.g., What are some things/factors which help to make/build partnership? and What are some things which hinder/do not help a partnership?). In answer to this inquiry a number of factors emerged based on participants' experiences at WRH. Applications to each of the levels (intra-organizational, inter-organizational and consultant-organization) are made throughout the findings. In my analysis of the data, I collapsed facilitative and impeding factors as these were typically described as the opposite of each other. In my secondary analysis, these numerous factors naturally divided into the categories of attitudes/personalities, relationships, and strategies which facilitate or impede partnership. This framework is used to describe these factors.

Attitudes and Personalities

Participants described the attitudes and personalities of partners as either facilitating or impeding partnership. The attitudes of partners toward each other, whether they be organizations or individuals, were emphasized by participants as influencing the process of partnership. Attitudes are a feeling, emotion, or mental position toward a fact, issue, or person. The personality of an organization or individual who is partnering also emerged as having a

significant impact on the process of partnership. Personalities can be understood as complex characteristics that distinguish a person or group

Labeling / stigma / assumptions. Stigmatizing and labeling attitudes which represent or cultivate negative assumptions about people were seen as impeding partnership. At the service-provider - service-user level, for example, one consumer said "treating the person not the disease" made her feel like more of an equal partner when working with her support coordinator. Another consumer explained the importance of being treated like a whole person when you are working with organizations. He described a possible danger of stakeholder involvement as being seen *only* as a consumer with identical input as the larger consumer-survivor group. As organizations or groups come together in partnership, knowing they need consumer representation, they often promptly enlist consumer X to check off consumer representation as complete. However, this participant explained, "They (partner organizations) should treat you like a whole person. Like you are a friend. You are an associate. You're a community member. You're all kinds of things. You're an individual." A board member concurred citing the board room at WRH as a place where consumers may have the tag of consumer but they are board members just the same as anyone else. In his words, "From what I have seen, there isn't a sort of patronizing attitude; you're not a token consumer and I think that is very helpful."

Not only did labeling behaviour apply to consumers but also to other stakeholders. One person gave the example of labeling all psychiatrists as nefarious when in fact there have been many psychiatrists who were helpful in a person's care. Another participant emphasized the need to get beyond the authoritarian label of "executive director" and see her as a person. The complexity of people's roles intertwined with the uniqueness of individual personalities prohibits labeling of partners.

Hand in hand with labeling is the stigma associated with mental illness. Participants talked about the need to get beyond this stigma to partner in an egalitarian fashion with consumer survivors. One person pointed out the stigma WRH, as an agency, might face when partnering with organizations that are not educated about mental health issues. To this end, she emphasized the need for public education efforts by the organization. Regardless of stigma, being able to see people in roles other than that which they usually play was highlighted as crucial in partnership. During the evaluation process, for example, consumers worked as research assistants and presenters. The external evaluator encapsulated this saying, "whatever the label, we need to see the potential in people." A number of participants also addressed the issue of consumers as staff people in the agency. Getting past the stigma of mental illness to become a service-provider was seen as a challenge. One person pointed out that there are staff members at WRH with mental health struggles who do not share this within the agency due to the stigma. This demonstrates the strength of stigmatizations, when staff members of a mental health agency do not feel as if they can be open about their illnesses. However, the stigma is very much entrenched in our culture. As one person pointed out, "We are trying to change it (stigma) as an organization but we are still living within this society so we pick up a lot of this stuff that we shouldn't." Labonté (1993) points out that open-mindedness and sensitivity are necessary for partnering.

To overcome labels and stigma, participants emphasized the need to make positive assumptions about the people and organizations involved in the partnership. In particular people emphasized the need to avoid limiting assumptions about consumers' abilities or capacities. In describing his experiences with a local self-help group, one consumer said,

> "We don't supervise consumers who can supervise themselves. We assume they are adults. They have the abilities to control themselves and do things alone. We make those assumptions about them. Sometimes those assumptions are not made by the workers (at WRH)."

The subtle process of questioning consumer's choices and decisions was provided as an illustration of how assumptions of non-capacity can occur in the service-provider - service-user relationship. Staff members interviewed emphasized the need to view consumers from a strengths-based perspective. Staff described strengths-based approaches (Riessman, 1990) as taking the person they support at face value, believing that people are capable of learning, encouraging and supporting people despite your own feelings, and not basing support on your own values of what you think a person can achieve. One staff person summed up this perspective by saying "(after all) three quarters of the folks we support are probably smarter or have got a lot more common sense than we (staff persons) all do." However, these same staff pointed out that not all staff at WRH hold or practice these beliefs. Throughout the implementation process, extensive staff training has occurred with the intent of diffusing empowerment oriented practices (Carling, 1990) throughout the organization.

Making positive assumptions transcended the service-provider - service-user level to other levels of partnership. Within internal committees people described making positive assumptions as not only recognizing the potential contributions from consumers but family members and staff as well. This was illustrated by the evaluation process where people (e.g., consumers, staff, management, family members) who do not have any background in research were considered crucial to the research process. The tradition of valuing "non-expert" contributions is grounded in the strategic planning process which attempted to incorporate all stakeholders' input equally. Many researchers agree that professionals need to listen to and value consumer/survivors experiential knowledge (Carling, 1995; Goodrick, 1993; Trainor, Pomeroy, & Pape, 1993; Walsh-Bowers & Nelson, 1993). Interviewees for this research emphasized the need to avoid assumptions about expertise, especially in the hiring of new staff

in the organization. A barrier to hiring consumer at WRH was described by one consumer as the overemphasis on academic credentials. Recognizing life experience as being as valuable as academic experience was pointed out by many participants as a first step toward eliminating restrictive assumptions.

Cooperation and openness. Personalities of partners (organizations or individuals) emerged as a significant factor affecting partnership. As one participant succinctly put it, "You can't discount the personalities involved (in partnership)." The most salient characteristics which emerged were cooperation and openness. To some participants, being cooperative meant a willingness to give and motivation to participate. One person illustrated this with the example of partnerships that are necessary due to budget cuts, emphasizing that this shouldn't be the only motivation for collaboration. Examples of cooperative ventures between WRH and other organizations include mutual support and sharing with CMHA and the joint housing provided with the local Ontario Housing Authority. The external evaluator also experienced this openness and cooperation between organizations, saying "We (Centre for Research and Education) were in a partnership with this organization so we were open to giving more, more than traditionally because of this kind of relationship." Butterfoss et al. (1993) point out the importance of mutuality of interest and reciprocal nature of working together as key to inter-organizational collaboration.

At the service-provider - service-user level, cooperation was illustrated by one staff member as a willingness to facilitate the process of problem solving and option seeking with consumers. Likewise consumers who can choose their support coordinator (a recent change according to the strategic plan) will be more open to treatment strategies than others whom they would not like to work. Internally, this applied to committee and board work in which people have to be willing to work together. For example, the family member I interviewed stressed the

need to be frank and honest, not rude or aggressive. In general, WRH has demonstrated a willingness and cooperation to involve all stakeholders on internal committees and the board as well as inter-organizational groups such as the Community Investment Fund crisis proposal project.

Risk taking and innovation orientation. Since resistance to new approaches is common (Kuhn, 1970), it is not surprising that other significant personality traits that emerged were an innovation orientation and a willingness to risk. Partnership was viewed by participants as divergent from the traditional so being able to try new approaches was considered necessary for partnership. One person explained that changing your approach especially if that approach has worked in the past can be very difficult. For example, doing things *for* somebody instead of doing *with* or teaching *how*. She said, "Sometimes you get used to doing the same thing over and over again, not even knowing that your philosophy has changed... but you are used to doing it that way and why would it change because it has worked?" The struggle to try innovative concepts like partnership was emphasized by another participant who pointed to the existing lack of literature and experience needed for direction. Partnering calls for people who are willing to take a risk. Management stressed the need for staff to "venture into areas where they may not be confident" to facilitate a support relationship which is consumer-directed.

Between organizations and within committee and board work, risk taking was also identified as essential to partnership. One person described risk in the following way:

> "You are giving up some sort of freedom or control. I have more people to answer to or more people who can have an opinion of what I should be doing or what I shouldn't be doing because I have given them that right."

WRH as an organization has shown a willingness to risk in its welcoming of research and evaluation activities. Their extensive and long-standing participation in research projects (this thesis included) evidence the risk of showing vulnerabilities or shortcomings. Additionally, the

joint proposal for a comprehensive crisis service in Waterloo Region was a risky venture since its acceptance would mean substantive changes for the organization. Being willing to take a risk personally and organizationally and try new approaches facilitates partnership.

Other personality traits. Some additional personality traits were mentioned by a couple of participants that merit description. Having a personal sense of power and self-esteem was depicted as essential for upholding the values of sharing power, responsibilities, and resources. To confront the risk of losing control or freedom, a partner (again whether it be organizations or individuals) needs to have strength of mind and character to explore new roles and identities. This especially applies to partners who may need to give up power and authority but also to those who need to take power and responsibility. Otherwise, power playing and manipulation may result. Other researchers agree that having power over someone focuses on controlling others, which impedes empowerment (Riger, 1993; Yoder & Kahn, 1992).

Additionally, another participant talked about the need to be "thick skinned" when receiving feedback. As I have learned in my experiences with the evaluation process at WRH, it can be difficult to receive input contrary to your own impressions. Finally, being able to acknowledge weaknesses (organizationally or personally) to other partners allows for compensation and improvement, strengthening the partnership, and building a cooperative egalitarian relationship. Perhaps the most important personality trait, as described by one participant, was accepting and working with the unique and sometimes difficult personalities which come together in partnership.

Summary. Rigidly pigeon-holing people in roles and not being able to break that type cast was seen as detrimental to partnership building. In order to be true to the values of sharing power, responsibility and resources, one must see the potential in people and not assume the role they currently play is the only role possible. In partnering, lines of division between

professionals and consumer/survivors may become blurred or break down entirely. Attitudes which label, stigmatize or make limiting assumptions about others hinder partnership while viewing others based upon their strengths and capacities facilitate partnership.

The personalities of the partners involved play a significant role in the partnership. Cooperative, open, innovation oriented, and risk-taking organizations and people facilitate the partnership process. Security in one's identity and self esteem as well as "thick skin" can foster genuine partnerships between people and organizations by allowing critical feedback to be given and heard. The personalities of organizations and people play a significant role in partnership.

Relationships

A potent theme that emerged from the research was the significance of relationships to partnership. Changed relationships between professionals and consumer/survivors is considered indicative of an emerging paradigm in the mental health system (Carling, 1995; Goodrick, 1993; Trainor, Pomeroy, & Pape, 1993; Walsh Bowers & Nelson, 1993) and human services in general (Riessman, 1990). All participants talked about the connections they have made when working in a way that reflected partnership. It became clear to me through the stories people shared and from my immersion in the setting that strong relationships and mutual regard exist at WRH. The participants categorized these relations as friendship growing from mutual respect, trust, and self-disclosure.

Mutual respect, trust, and self-disclosure. As indicated in the literature (Labonté, 1993; Noddings, 1984), mutual respect between partners was considered a requirement of partnership, without which the relationship would break down. Staff talked about treating consumers and family members with respect; board members talked about being respectful to other board members; and the external consultants talked about respect between organizations. One

consumer said, "Unless you have that (mutual respect) to begin with I don't think you have much of a partnership." Respect acts as a building block of partnership and a facilitator of its processes. Being respectful was described as non-patronizing, non-offensive and having high regard for one another. People conveyed the expectation that if you treat others with respect, they in turn will treat you the same way.

Mutual trust was also described as a facilitator of partnership. One person simply said, "Trust is critical." Participants described trust as reliability and confidence in people and their abilities. Staff described consumers having trust in themselves and consumers described the trust needed to work together on committees. With the long history of abuse of consumers in the mental health system, there may be many barriers to building trust between consumers and professionals (Chamberlin, 1978; Constantino & Nelson, 1995). The external consultant emphasized the trust required between organizations to allow research and evaluation. Perkins and Wandersman (1990) also point out the need for trust between researchers and organizations for good evaluation practice. The challenges of building trust within these contexts were highlighted as was the lengthy time frame it may take to reach a state of confidence in each partner.

Based on these data, I interpret trust and respect as interdependent factors affecting partnership, meaning: it is difficult to have one without the other. These factors also cut across the many levels of partnership between service-providers and service-users, intra-organizational committees and groups, researchers and organizations, as well as inter-organizationally. Although trust and respect grow throughout the process of building partnership, partnership cannot begin without these basics of respect and trust.

Participants from all stakeholder groups conveyed getting to know each other as part of the partnership process. Self-disclosure was characterized as opening up one's identity in the

support relationship, at the committee table and board room, and in working together as organizations. Rigid self boundaries were characterized by (Jordan, 1983) as non-conducive of empathy in the therapeutic relationship. Additionally, Riessman (1990) claims increasing self-disclosure of professionals decreases asymmetry in the support relationship. Participants agreed saying that the value of having a personal relationship in addition to a working relationship allows one to hear others' input in the context of their reality. Participants also described this a means for breaking free of typical identity roles. So Heather the researcher becomes known also as a student, daughter, and cyclist. The breakdown and expansion of status roles enables the values of equality and power sharing to be practiced.

Another aspect of getting to know each other was illustrated as sharing experiences partners have had within the mental health system. Boudreau (1991) describes barriers to this kind of disclosure since consumers often divulge very sensitive and stigmatizing experiences while professionals speak from positions of achievement and status. One consumer expressed her appreciation when, over coffee, a staff member shared her personal experiences of mental illness. This consumer felt accepted by this staff person as a confidante and an equal. Other participants explained the effects of this opening up as developing understanding. According to one person, deep and genuine partnership is nurtured under conditions of interpersonal insight and perspective taking.

Friendship. Based on mutual trust and respect, and sustained by self-disclosure, friendship emerged strongly as a facilitator of partnership. Genuine esteem, affection, and goodwill for one another was characterized by participants as friendship. One staff person explained that she treats the people she supports the same way she would treat her personal friends. A consumer described the role friendship plays in her committee work in the following way,

> "I may feel like not going in to one of the meetings or whatever and then I think well so and so will be there and I'm good friends with them and they will cheer me up if I am down ... and make me feel better."

In general, WRH was described as a friendly organization with many long-term relationships established between family members, consumers and staff. According to one interviewee, the value of establishing a personal relationship with partners builds a foundation for an effective working relationship and a basis to return to during times of conflict. Based on my experiences, the process planning and implementing substantial changes in the organization have drawn on the long standing relationships within WRH to sustain cohesion during arduous periods. It to be expected that some relationships have been strengthen by this while others have suffered.

Friendships were typically described between individuals. However, organizations can be friendly toward each other as well. Management described friendly relations between WRH and other organizations like CMHA, the Centre for Research and Education and self-help organizations in the area. One participant illustrated the relationship between the self-help group in which he is involved and WRH using the example of the ease with which statistics and relevant mental health data are shared between the two groups.

Curtis and Hodge (1994) characterize issues of self-disclosure, confidentiality, professional distance, involvement outside work hours and overall ambiguity as side effects of the blurring of roles and changing relationship between professionals and consumers. The flip side of these benefits was described by a participant in the following way:

> "This (personal relationship) is risky stuff that people can use against you because this is the part that is very easy to be manipulated and you need to be strong... It is very difficult to survive when you are showing your vulnerabilities."

This can be interpreted as showing the interdependence of trust and mutual respect with friendship. Again, one is not feasible without the other. Being connected with other players in

the partnership evokes a genuine caring and goodwill which will enable the values of partnership to be practiced. When you truly value and care about your partners, sharing resources, decision making, and power comes much easier as does collaborative interaction, equality and stakeholder involvement.

Summary. Facilitative relationships are based on mutual trust and respect, self-disclosure, and genuine friendship. The relationships formed within the case study setting were generally described as genuine caring and affection balanced with belief in and reliance on one another. Many researchers (Gilligan, 1982; Jordan, 1983; Kaplan, 1983) emphasize this vision of relatedness and interdependence as valuable in human interactions. Despite what might be considered a tumultuous time of change within the agency, strong relationships continue to thrive.

Strategies

In addition to attitudes / personalities and relationship issues, participants described some strategies which facilitated or impeded outcomes. These strategies included the development of shared values and goals, reducing competition and territorialism, dealing with conflict through compromise, effective communication and information sharing, enablers of full participation, enacting individualized approaches and other strategies. In the following section, each issue will be described along with suggested strategies designed to overcome barriers or enhance enablers to partnership.

Shared values and goals. As evidenced in the literature (Gray, 1985; Labonté, 1993), having common values or principles and a common purpose or goal was considered to be crucial to partnership. One person said, "If people are clear on their values I think this is the beginning of partnership." A few participants suggested conducting structured values exercises on internal

committees, agency wide and between partnering organizations to identify shared common values. Gray (1985) terms this preparatory work "mid wifing." Establishing common values was considered a foundation which would provide stability during times of crisis or conflict. In describing the change process at WRH one person said, "any time we had a conflict or we didn't agree, it was the principles that we went back to... and asked what is most important for the project or this organization." A strong basic value of WRH was considered the need for decent and affordable housing for people who experience a mental health struggle. Regarding inter-organizational partnerships, one person commented that WRH may struggle because they have such a strong value base. Using the example of the proposal for the crisis response service, this person said, "WRH brought very strong values to the table and was open to building genuine partnership and the other two groups for a variety of reasons were hesitant." People also referred to the different value base of the medical model compared with community approaches in the mental health system, claiming that partnering between organizations with dissimilar paradigms can be quite difficult. Curtis and Hodge (1993) agree that partnering organizations should have similar value bases. Although no interviewee applied shared values to the service-provider - service-user relationships, the sharing of values between individuals at this level is equally important.

As identified in the literature (Boudreau, 1991; Butterfoss et al., 1993; Gray, 1985; Labonté, 1993; Panet-Raymond, 1992), participants also talked about the necessity of a shared purpose and goals. This was described as understanding why a group is working together and what are the desired outcomes. An element of this was clarifying the roles of each partner or knowing what each person or organization is going to do in order to work toward a common goal. A few people suggested that these be written down as terms of reference or as a partnership contract (whether inter-organizationally or inter-personally). As one person pointed out with

regard to joint service provision, as partnerships become more complex, these written contracts become more necessary.

When partnering, the establishment of shared values may not be possible. If one comes to the partnership with a very strong value base, it may be difficult to find common values with which to build a relationship. Although common purpose or goals may be established, without common values to guide processes, partners can expect difficulties. It is my interpretation that being conscious of values, principles, goals and purposes before, during and throughout the partnership facilitates success.

Competition and territorialism. Participants described competition, territorialism, pushing your own agenda, or having a strong vested interested as being detrimental to partnership. One participant said, "We are trying to avoid competition because if we compete.. we are not producing something that is beneficial for all of us." This competition can play out as territorialism between agencies as they try to work together (Boudreau, 1991). One person described the crisis response service proposal as falling prey to turf wars between agencies. Since each organization's services, staffing, and operations would be significantly affected by the outcome of this partnership, each partner had a strong vested interest. As one person pointed out, " It's hard to put your own needs on the back burner when the greater good is in conflict with your own needs." Pushing your own agenda can impede partnerships within the organizations as well. Staff explained that the support coordinator cannot simply prepare an agenda for the person supported and expect him/her to just follow it. On committees and the board, one consumer described the hassles of people who "don't give anybody a chance and are totally set in their way of doing things." External consultants struggled with the same issue saying, "sometimes as a consultant you feel like you see things that you want done and you have to be careful of not pushing your own agenda too much." Complex roles in which people are

involved with a number of different organizations with different needs and priorities can complicate and aggravate issues of vested interest.

Participants suggested a few strategies to reduce territorialism and agenda pushing. Having a neutral facilitator and using a nominal group process to ensure that everyone's views are heard was encouraged for inter-organizational groups. In particular, facilitating the expression of ideas and opinions of people less inclined to speak and encouraging the usual contributors to hear those ideas was a suggested strategy. Most people also mentioned the importance of keeping the "big picture" in mind. One person described his as, "being able to look at the big picture and be able to see beyond a lot of the petty arguments and the small sort of Byzantine attitudes of people and look at what we need in the region." Meeting the needs and improving the quality of life for people with mental illness was considered paramount by all stakeholders interviewed. Power struggles, vested interest, and territorialism rarely serves this greater goal.

Conflict and compromise. In working through issues of competition and territorialism , it is not surprising that conflict emerged as another factor affecting partnership. Like many researchers (Butterfoss et al., 1993; Freund, 1993; Labonté, 1993; Perkins & Wandersman, 1990), one person believed that "conflict is part of partnership." Conflict was also described as inevitable, ongoing, and cyclical. Church (1992) agrees that conflict is normal and necessary for growth and change. However, participants concluded that conflict can result in immense difficulties and create a lot of struggles. Within WRH, conflict was considered a result of being very open and requesting a lot of input from many people. At the same time, people believed it better to speak up and express opinions than to remain quiet and "stew" about issues. At the service-provider - service-user level, conflict was described as occurring when a support coordinator and consumer had differing views of how to reach a goal or of the goal itself.

Freund (1993) characterized conflict between consumers and providers as a necessary part of consumer's empowerment process. A few staff described the conflict which occurs as a result of including family members and other service-providers when providing support for consumers since family members may have a very different view of a person's future than the person herself, resulting in conflict.

Another issue related to conflict is consumer anger, which is due to the history of abuse by the mental health system (Church, 1995). Empowering approaches, such as those sought for at WRH, can be met with anger and conflict grounded in the taking of power by those who have been marginalized (Riger, 1993). In my experiences with WRH, consumers have not shown hostility. In addressing this issue, one consumer said, "Unfortunately, the consumers are very satisfied with the kind of management they have now." This consumer is substantiated by the evaluation findings in which consumers were generally happy with services received and the strategic planning process. This was also reflected in the following excerpt from an interview (X = is the participant , H = Heather).

> "X: The consumers in this organization do not express their anger as much and as directly as in some organizations I have worked with. And there is a lot of anger in mental health consumers because a lot of them ... have been put down and oppressed in awful awful ways. And we all know that. And sometimes that comes out in incredible anger and shortness. So it surprises me that there hasn't been more anger in this organization and I am not sure why. If we are so liberal about the way we work, we can keep it kind of muted, we give them (consumers) most of what they want so it keeps the anger muted. I am not sure if that is part of it. Or whether these folks just aren't as angry. I struggle with that a little bit.
>
> H: Or whether it's yet to come.
>
> X: Right, or whether it's yet to come."

Perhaps, it can be expected that in WRH's progress toward partnership approaches, consumer initiated conflict will increase in the coming years.

Negotiation, compromise, and consensus building were suggested as methods of dealing with conflict. Butterfoss et al. (1993) describe developing a common process of working together as facilitating inter-organizational collaboration. Negotiation was described by one person as "making sure that even if not everyone's needs are met... that everyone can live with what has been decided." Consensus and compromise were described as getting everyone's input and being able to give and take to reach a mutually satisfying decision. According to some, this means being able to "accept that the outcome is not always what you want it to be" and being willing to acknowledge it. Another suggestion was not allowing a loud minority to dominate over a decision making process. At the service-provider - service-user level, being impartial and not taking sides in a conflict was considered essential. Participants also emphasized the need to recognize that conflict and crisis are an inherent part of partnership that will pass with hard work and time.

Information sharing and communication. As in the literature (Constantino & Nelson, 1995; Curtis & Hodge, 1994; Hall et al., 1977), open communication and information sharing were also considered facilitative of partnership. Good communication was characterized as the comfort and safety to express opinions as well as having an open mind and listening. Being attacked for opinions and ideas limits stakeholder involvement and collaborative interaction. One staff person, in reference to the evaluation findings, expressed her amazement and admiration that sensitive issues are being addressed agency wide. She concluded that this openness may encourage others to come forward with delicate matters. Not only good communication but timely communication is necessary for partnership. In describing partnership at the inter-organizational level, one person explained that communicating decisions or information to each partner as simultaneously as possible sent a message of equality and power sharing.

Communication also involves formal and informal processes for information sharing. One participant gave the example of a time when researchers from the local university shared research findings and statistics with a local self-help group and WRH to advocate for mental health issues with potential members of provincial parliament (it was an election year). Informal sharing of information between mental health agencies was also described as helpful in working together. One consumer explained that working in partnership with her community support worker meant getting information about local resources and services available. According to Bernheim (1990), service provision involves opening multiple communication channels for information exchange with family members and consumers. Another person described collaboration and shared decision making in the following way;

> "I think you need to have that back and forth. Information is communicated in both directions. So that once decisions are made at one level that it affects another, you need that same opportunity to share information and have it come back again."

Open communication and information can be considered a practical application of the values of power sharing, shared decision-making, equality, collaborative interaction, and stakeholder involvement.

Individualized approaches. Interviewees with a variety of perspectives described individualized approaches as facilitative of partnership. This was categorized as encompassing descriptions of strengths-based, self-directed, person-centered, flexible and independence-oriented processes primarily at the service-user - service-provider level. One person described the consumer - support coordinator relationship in this way,

> "you (the service-provider) are there with certain resources but at the same time, you recognize that the individual has certain resources and strengths that they put into the equation as well. .. there is a mutual saying well what do you want to get out of this relationship and work through building the relationship."

Bernheim (1990) emphasized the need for flexible services which respond to people's changing needs. Recognizing people's strengths also applies to committee and board work and inter-organizationally. Determining and appreciating what partners bring to the relationship facilitates partnership

Participants considered an individualized approach to support services as reflective of partnership. Likewise, Bernheim (1990) recommends developing individualized service plans. One person said, "It's very individual what works for one person is not going to work with another." Systemically, the supports around a consumer may differ greatly. A staff person explained that families may be completely supportive and encouraging, or restrictive and protective, or may not be in the picture at all. This one theme alone points out the diversity of situations that need to be considered in support coordination.

Correspondingly, self-directed and person-centered approaches were described as facilitative of partnership. Tower (1994) describes increasing consumer's sense of control as a desirable outcome of provider user interaction. At the service-provider - service-user level the approach used at WRH was described in the following way:

> " We are moving toward a partnership that is directed by the person who is being supported, so they are the ones who direct us on how to best support them in what areas and what pieces of their lives."

Staff people clarified person centered approaches as knowing that staff are there for consumers. One support coordinator described her strategy to enact this in the following way:

> "I am always reminding consumers that I work for them, that I am there for them, they are not there so I will have a job, I am there to help them make their lives better and my priority is their priority".

Others suggested strategies included getting past old stereotypes to better see the person and listening to what people want.

One aspect described in this category pertaining to the service-provider - service-user level was fostering independence. Freund (1993) described partnering approaches at this level as facilitating consumers' independence from the mental health system. Front line staff emphasized the need to create a balance between allowing a person to do his/her own thing and pulling out supports all together. As one person said, "Partnership is not the consumer making a move without any help at all if they need it." Another staff person talked about the importance of teaching problem-solving in a way that is respectful. One family member who I interviewed explained that parents will not be around indefinitely so the need for independence becomes paramount as family members age. He said, "It would be more difficult though if we didn't have the people from WRH because that has enabled us to stand back a bit and allow (my family member) to manage without us." One consumer also mentioned issues of dependency in describing the struggles experienced when their support coordinator goes on vacation. To remedy this dependency, staff explained that they avoid becoming the centre of a person's life, attempt to build natural supports, and facilitate access to other resources.

Individualized approaches and self direction in consultation and evaluation were mentioned by the external consultants as important to a partnership orientation. Recognizing that organizations are unique and will require different kinds of assistance persuaded the consultants to believe that a cookbook approach to consultation does not apply to a partnership orientation. Allowing stakeholders to shape the strategic planning process and the evaluation process, incorporated the values of participation, collaboration, power sharing and equality. Additionally, the flexibility of the partnership between the Centre for Research and Education and WRH was described as facilitative. The struggle to provide flexible support in the evaluation process and still be accountable to money flow and budgeting was difficult for the Centre and for WRH. Often the external evaluator would be needed for intense periods of work

and then not be needed for another month. Planning and communicating needs as best as possible facilitate this kind of partnership agreement.

In general, individualized, strengths-based, and flexible approaches were not applied to internal committees. However, I support their application to this level. Recognizing people's strengths in the board room or on committees fosters responsibility sharing (Paulson, 1991; Silva, 1990; Tower, 1994; Valentine & Capponi, 1989). People must trust each other's capacities and abilities to share responsibility. Using unique and ever changing approaches are often necessary to foster partnership. The evaluation committee involved consumers, family members, and staff in every detail of the research process (e.g., question formulation for the survey). Additionally, we (the evaluation committee) needed to be flexible about people's involvement and time schedules. If a committee member was sick or over-burdened with family or work obligations, we needed to be flexible enough to pick up where another person had left off. Throughout the evaluation process, the goal was to build people's skills and teach evaluation expertise to foster ownership and independence of the agency from the consultant. Putting individualized, strengths-based, flexible, independence-oriented, self-directed approaches into practice facilitates partnership.

Enablers to participation. Participants suggested a few strategies that enable full participation of stakeholders in internal as well as inter-organizational groups. One consumer talked about the need to solicit opinions of other consumers who typically don't speak up. He suggested the best way to encourage their involvement was through the support coordinators who have established a trusting relationship. Furthermore, if committees, the board, and inter-organizational groups are structured to reflect representative stakeholder groups, the diversity of perspectives incorporated is enriched. Family members and consumers have been part of the board at WRH for some time. However, to get people to participate, one person pointed the need

to provide a safe atmosphere since punitive consequences for expressing opinions effectively silences dissenting ideas. The provision of a neutral facilitator may enable this process. One person in a management position stressed the importance of hearing and incorporating people's views not just soliciting input.

As in the literature (Pancer & Cameron, 1994), simple strategies for participation were also suggested, such as arranging meeting times outside of office hours to allow employed people to attend. One person pointed out the need to be aware of varying literacy levels which require different media to convey ideas. Audio, video, and pictures, in addition to written reports, facilitate understanding. One consumer said that the use of flip charts, less big words, and small group work with other consumers enabled her to give her opinion during the strategic planning process. Another consumer mentioned that in committees, she felt comfortable to ask questions about issues she did not understand. As the external consultant explained,

> "you may start (using these strategies) by thinking you are doing it to try and include the group that is maybe the most marginalized or least powerful but other people start to realize that this is good process and appreciate that."

Overall, participants did not discuss these strategies at the service provider - service user level. However, two consumers I interviewed expressed their satisfaction with their support coordinator as grounded in her down to earth nature and language. In my experience, this is not a universal characteristic of all staff members. For example, I often found myself confused by the mental health jargon used by some staff in our communication. Enabling participation by slowing down the process, being aware of literacy levels, and incorporating all stakeholders' points of view put into practice the many values of partnership.

Other. A couple of other issues emerged as barriers or enablers of partnership such as having an established history, time frame, and getting results. As in the literature (Boudreau, 1991; Butterfoss et al., 1993), a few participants mentioned that having an established history of

working together with partners was helpful in partnering within committees and the support relationship, as well as between organizations. One person said, "The longer you work together, the better relationship you build, the more satisfying the partnership, and I think the better the outcome." The external consultants explained that a long standing relationship with WRH has created a better understanding of the organization which enables partnering in future projects. For example, consultants from the Centre for Research and Education were involved with the strategic planning process, the implementation process, evaluation research, and staff training. Additionally, the Centre is working with Wilfrid Laurier University to understand paradigm shift in mental health services at three local agencies including WRH. The researcher interviewed pointed out that this facilitates a better relationship with research participants, enables participatory research, and fosters more accurate interpretations of data collected (Matheson, 1994).

Participants agreed with Rogers and Palmer-Erbs (1994) that partnering takes time. Regarding the support relationship, one staff person said, "you don't just go and meet someone one day and tell them I am here to change your life,... it takes time to build trust and a strong partnership." In planning and implementing changes at the agency, many people expressed their impatience with the process. However, others recognized that good relationships take time to build. Having a long standing history of good relations shortens this time frame.

Additionally, getting results helps sustain partnership according to a few participants. One person said, "Unless you get some practical results, people don't want to attend meeting after meeting and have nothing to show for it. ... in partnership you have to get results." This applies to the support relationship, committee work and inter-organizational ventures. Maintaining enthusiasm for the purpose or goal of a partnership is difficult when no headway is being made (Butterfoss et al., 1993). WRH has experienced this exasperation in the planning,

implementation and evaluation of change. At times, committee membership has waned due to the perceived lack of progress. In particular one consumer I spoke with explained that his future involvement depended upon " how much further the organization can change and how much I am going to be of value in that process." Recasting larger social problems into small manageable steps with reasonable time frames can reduce chances of becoming overwhelmed and disheartened (Weick, 1984).

Summary. A number of strategies emerged which facilitate or impede partnership. These are summarized in Table 7. Developing a shared purpose or values was considered a helpful strategy. Participants described reducing competition, territorialism, and conflict through compromise, information sharing, and communication as being facilitative of partnership. Other facilitative strategies included viewing partners as having resources and strengths, treating each person as an individual, and being flexible. Being aware of people's literacy levels and slowing down decision-making processes were also mentioned as enablers of participation. Other factors such as having a shared history, using a lengthy time frame and getting results facilitate partnership.

Table 7: Factors which Facilitate or Impede Partnership

Factors	Description
Attitudes and Personalities	
Labeling / stigma / assumptions	• holistic view of consumers and the many complexities of their roles, opinions and insights • non-patronizing or token involvement of consumers • see people in roles other than which they normally play instead of stereotyping people by their label (consumers or psychiatrist, researchers or professionals) • be aware of stigma entrenched in wider culture and try to change it • make positive not limiting assumptions about people and their abilities or capacities • recognize all partners as having something to contribute • listen to and value experiential knowledge
Cooperation and openness	• willingness to give and motivation to participate • mutuality of interests and reciprocal nature of working together • willingness to facilitate the process of problem solving and option seeking • frank, honest participation not rudeness or aggressiveness
Risk taking and innovation orientation	• willing to try new approaches and innovative concepts even if the approach currently used˜has worked in the past • venture into areas where not confident (especially professionals)
Other	• strong personal sense of self esteem and power to be able explore new roles or identities not manipulate or control others • thick skin to be able to accept feedback and criticism • being able to acknowledge weaknesses to allow compensation and improvement • being able to accept and work with unique and sometimes difficult personalities
Relationships	
Mutual trust and respect	• non-patronizing, non-offensive treatment of others • having high regard for other partners • ability to rely and have confidence in other partner's and their abilities
Self-disclosure	• opening up of one's identity and getting to know one another • personal relationship in addition to working relationship
Friendship	• genuine esteem, affection, and goodwill for one another • establishing long-term relations • use as a foundation for effective working relationships especially in times of conflict or turmoil
Strategies	
Shared values and goals	• being clear and aware of the value base of partners (e.g., medical model or community mental health model) and understanding why partners are working together (e.g., to what end, desired outcomes) • perform structured values exercises to identify common values • develop written principles priorities, and terms of reference which will guide partnership

Table 7: Factors which Facilitate or Impede Partnership Continued

Competition and territorialism	• do not push your own agenda and recognize a strong vested interest • need to put own needs on the "back burner", and be flexible and willing to go with other options, • overlapping of roles or priorities can result in turf wars • helps to have neutral facilitator • listen to hear not wait to respond • keep in mind the larger goals or big picture
Conflict and compromise	• seen as inevitable, ongoing and cyclical and an outcome of soliciting input and criticisms • try negotiation and consensus building toward compromise • be willing to give and take to reach mutually satisfying decision • accept and acknowledge outcomes • be impartial and try not to take sides
Information sharing and communication	• keep an open mind and listen to one another • create comfortable "space" for people to safely express opinions and ideas • use timely communication so all partners are informed as simultaneously as possible • keep formal and informal channels of communication are open
Individualized approaches	• described as a strengths based, self directed, person-centred, flexible, and independence oriented, systemic approach • increase consumer control • balance independence orientation with providing no support at all
Enablers to participation	• solicit opinion of less verbose consumers • do not perpetrate punitive consequences • hear and incorporate people's input • arrange meeting times outside of office hours • be aware of varying levels of literacy, use different media, and slow down processes
Other	• establish a strong history of working together • expect a lengthy time frame in order to build a strong partnership • get some results by setting small winds throughout the partnership to maintain momentum

Outcomes of Partnership

The third goal of this research was to understand possible outcomes of partnership. Interviewees were asked two questions in reference to this goal: What are some positive outcomes of working in partnership? and What are some negative outcomes of working in partnership? Outcomes that emerged were based on people's experiences at WRH and in the community as well as conjectures of possible outcomes of working in partnership. Very few

negative outcomes were mentioned. This is due in part, to some participants' opinions that partnership was an ideal to be worked toward. For example, one participant explained, "For me, partnership does not have any negative implications. If it had a negative implication or outcome I wouldn't start calling it a partnership or in the end I would say it wasn't a partnership." Although some people considered partnership an ideal, one person clarified that partnership was "an ideal that, in my life, I can put into practice." Outcome data were also limited by participants' experience with partnership. Although the organization is working toward partnership practices, the fruition of these practices was not yet apparent at all levels. Regarding inter-organizational partnerships, one participant commented "I think we have only begun to experience partnership between one organization and another and I think we would probably be better able to answer outcome questions in about three or four years, as we experience more."

Most outcomes described fit within the context of change. Literature related to social change posits many elements of partnership as conducive to change. According to Serrano-Garcia (1994), changing power relations toward equity leads to social change. Bennis, Benne, Chin, and Corey (1976) advocate for social change through educational strategies, such as fostering personal growth. Second order change, defined as change of the system, occurs when assumptions, values, structural relations and rules governing the system itself are targeted (Watzlawick et al., 1974). Bennett (1987) describes changing systems as incorporating value based collaborative activities between people or groups. He characterizes the value base as changing oppressive systems by employing strategies which target social processes and structures to produce resource sharing with marginalized persons. Many researchers have described redefining the relationship between citizens, experts and decision-makers as a step toward social change (Grinnell, 1969; Lindblom, 1965; Lindblom & Cohen, 1979). This means allowing people with direct experience with the problem needing change to collaborate with

other experts in problem solving and solution implementation (Bennett, 1987). The applications of social change research are evidenced in participants' descriptions of outcomes of partnership: changed people, changed relationships, changed services, and changed organizations.

Changed People

According to the data, people change as a result of partnering. Participants described learning new skills and expertise as an outcome. One consumer said, "I can get my point over easier than before." Outcomes for consumers included learning to trust their judgment and decisions, developing insight and knowledge about the organization, and growing from experience. A consumer explained, "All my life I was a follower and now I have become a leader." Another participant recounted his history with the organization as a gradual growth and learning while working on committees and subcommittees; to his eventual appointment to the Board of Directors. Partnership oriented practices in service provision are linked with outcomes of increased self efficacy, psychological health and an enhanced sense of person control in the literature (Trivette, Dunst, & Hamby, 1996). Not only did consumers talk about building skills but staff did as well. I encountered one staff person who was delighted to be using a computer for the first time to do work for a research project at WRH. Personal growth such as developing self-confidence, self-worth, and self-respect were also described as changes people experienced. Although participants didn't mention empowerment as an outcome of partnership, personal changes such as those described fit within the concept of personal empowerment (Florin & Wandersman, 1990; Freund, 1993; Riger, 1993) For example, Conger and Kanungo (1988) describe empowerment as "a process of enhancing feelings of self efficacy among organizational members" (p. 474).

A potential negative outcome was highlighted by one participant who said, "I think people fear losing a sense of self... people really want to hang on. It's the same with losing a sense of control." Partnership often involves changing your identity or role within an organization, particularly when power and responsibility sharing occur (Curtis & Hodge, 1994). During the implementation process at WRH, the organization attempted to put values and the newly developed mission statement into practice. As a result, staff experienced a lack of clarity about their job responsibilities and even their job titles for a period of time. One interviewee pointed out that being in limbo during periods of change can be unsettling, especially when relinquishing power and control. Kathryn Church (1995) describes this role shift as a need to "unlearn" the traditional way professionals have been taught to relate to people. She further describes consumer collaboration with professionals as an "unsettling relation" in which professionals are "confronted with consumer knowledge" resulting in emotional upheaval in their personal and professional spheres.

Overall, people described learning as a strong outcome of partnership. Becoming grounded in mental health issues was described by some people as an outgrowth of close involvement with people who struggle with mental health issues (e.g., consumers and their family and friends). I also personally experienced leaps of understanding about people with mental illness and their families. Since I developed close friendships with many of the people on the evaluation committee and in the agency, we shared life experiences and struggles. One participant explained that this way of working together fosters a strong understanding and sense of community, an expected outcome of social change according to Bennett (1987). Another person said, "the ideal sense of partnership is really learning more about one another." The external consultants also talked about learning in the context of research. They explained that

although professionals may have the consultation and research methods at their disposal, being grounded in practical mental health issues fosters deep learnings and insight.

According to participants, ongoing learning of new skills and perspective-taking are partnership outcomes which change people involved in the partnership. Curtis and Hodge (1994) describe ongoing learning as necessary part of collaboration between professionals and consumers. Sincere understanding of organizations and people's life experience results in a strong sense of community and commitment to change. As one participant mentioned, this also leads to reduced stigma for people with mental illness.

Changed Relationships

In the literature, changed relationships between professionals and consumer survivors are characterized as outcomes of new approaches (Boudreau, 1991; Curtis & Hodge, 1994) Participants described strong relationships between people and organizations as a positive outcome of partnership. As well as being facilitative factors, trust and mutual respect were considered outcomes in the context of better relationships. One person said, "I think that now at WRH, there is more trust among the different stakeholder groups." Ongoing, lasting relationships between people and organizations were described as an outcome. One participant said, "The outcomes of partnership are the mutual benefits like maintaining relationships even after the project is over." Building better ongoing relations and stronger linkages between organizations was considered a goal in itself of some partnerships.

People also discussed how partnership changes interpersonal relationships. According to some people, getting to know one another personally, fosters mutual support and genuine friendships. Comfort and ease within informal interactions breaks down false barriers erected by strict professional distance. One consumer explained that power sharing changes relationships.

He said, "...the more power you start to use and start getting, the more influential you become. There is a distinct change in the relationship there." Changed relationships result from more equitable and informal interactions.

Changed relationships were also described as connectedness between organizations and people. The external consultants talked about the benefits of connecting with people from other organizations in the community. Since representatives from other agencies are often members on committees and work groups, partnering provides " a bridge or a nice vehicle to start to work with other people." One staff member described her experiences with a group of service providers who meet regularly about psychiatric issues. She portrayed outcomes of these meetings in the following way: "I feel very much connected to the psychiatric community because of that ... (and) I get direct communication with the primary psychiatrist for the area which is really nice to have. It removes that level of a bureaucracy." Connectedness is described in the literature as minimizing the complexity of decision-making processes and increasing the efficacy of the therapeutic relationship (Kaplan, 1983). Outcomes of partnership such as a connectedness with other organizations and people, and having access to higher-ups reflect changing relationships.

Within the organization, consumers also described connectedness as an outcome of partnership saying, "(involvement in a committee) helped me to just get out of my place and get the incentive to get out and do things." Another consumer expressed the effect of his involvement with the strategic planning process and implementation process as making him feel needed and reducing feelings of isolation. Being connected within strong social networks provides emotional support, and improves coping, buffering stressful life events (Gottlieb, 1979; Saulnier, 1985). Consumers also said that being connected to others allowed for "bouncing" of ideas off each another. One person explained that a strong relationship between service-

providers and service-users encouraged service providers to act as advocates. Partnership approaches in service provisions results in more consumer satisfaction compared to professionally centred practices (Trivette, Dunst, & Hamby, 1996). A staff person also described connecting as an outcome of partnership saying "it is nice to know you have someone out there you can talk to and who might have an idea about how to get you out of an awkward situation."

The outcome of changing relationships were described as stronger, lasting relations between organizations and people. Trust, respect and genuine friendships reflect changes in relationships due to partnership. More connections amongst people and with the surrounding community also reflected changed relations for partners.

Services Change

Another outcome of partnership was described as changed services. As in the literature (Walton & Gaffney, 1991), participants said that working together in partnership to plan, implement or change services improves existing services and creates new and better programs. Participants believed the benefits of partnering between agencies was more service coordination resulting in streamlined referral processes, seamless systems, and more continuity between services. Many researchers agree, claiming inter-agency collaboration decreases service gaps and increases networking and access to resources (Brown, 1984; Hord, 1986; Kaplan, 1986). An example of this was described as the coordination of services between CMHA and WRH. These agencies work closely together coordinating the use of each agency's service for the consumer/survivor community. The program director described the partnership between WRH and CMHA in the following way. "The process is very streamlined, so referrals don't have to go through a lengthy application process. For the community, it looks like the service is one even through it is run by two different organizations." For example, a person who currently has a

support coordinator from CMHA would not need to apply as a new service-user to receive housing from WRH. Service duplication is also avoided since this person would keep her/his support coordinator at CMHA instead of switching to a coordinator at WRH.

People asserted that incorporating a myriad of perspectives from different stakeholders in planning and providing services creates a beneficial service for everyone. One participant described the process of developing a proposal for a crisis response team as "the sharing of ideas with the hopes of building the best service possible for the money." This outcome is also demonstrated within the organization through the strategic planning and implementation process. According to the people I interviewed, as well as data collected from the evaluation process, the partnership approach used in planning and implementing for service changes resulted in substantive changes to the service delivery system. In the *Process of Change Report*, the changes to the service delivery system at WRH (based on the strategic plan and crisis proposal) are described as respite help, crisis support, de-linking of housing and support, and creation of safehouses. Although change is to be expected as an outcome of strategic planning, the extent and nature of the changes at WRH demonstrate the collaborative interaction between all stakeholders.

In the external consultant interview, one person described an outcome of collaborative approaches as the urgency for action. In reference to the evaluation process she said,

> " When you have a partnership and you have the results that are developed in a more collaborative way, you need to do something with the results, especially when the consultants are still around asking 'do you need any help with implementing the results of the research?' "

At WRH, the external evaluator, strategic planning consultant and internal evaluation research assistant (me) are still involved in the agency through other research projects, staff training workshops, and an article writing team. This ongoing involvement constitutes a subtle pressure for action. For example, the focus of the article writing team is organizational change so we

constantly are discussing what is changing and what needs to be changed. These collaborative research efforts produce relevant, meaningful, and action oriented research results (Rogers & Palmer-Erbs, 1994; Whyte, 1991).

On the other hand, a possible negative outcome of partnership may be that some services cease to exist. One participant explained that some programs or services may be lost as a result of a malfunctioning partnership. Additionally, service coordination between partners may effect the collapse of two or more services together. This is another way that changed services were described as an outcome of partnership. Therefore, services may be improved, increased, created, coordinated or terminated.

Organizations Change

Traditionally change in organizations is seen as a "top down" process led by the management or boards (Zimmerman, 1993). According to the *Process of Change Report*, organizational change at WRH is understood as collaboratively planned outcomes or activities which have altered the organization. Participants thought that an outcome of partnership was structural change within the agency. This included a decentralized team approach and the creation of new committees or work groups. The Residents' Council and the Loan Fund Committee were given as examples of new committees created at WRH. Additionally, the membership of committees, groups that meet regularly, or the board have also changed. One participant thought that genuine partnerships means people from different levels of the organization are in contact with one another. One staff person described meetings which included consumers and family in this way, "I feel safer during decision making... I find you get a lot more work done. That is the true partnership, and when you have those kinds of meetings it gives you the incentive to carry on."

According to participants, partnership also brings about cultural changes in an organization. "Culture at its simplest is the composite of opinions, feelings, and beliefs held by the members of an organization" (Burdett, 1985, p.20). Human service organizations change based on internal factors like shifts in the values and transformations in the attitudes, behavior, and needs of clients and staff (Hasenfeld, 1983). Such is the case at WRH. As part of my evaluation research, I investigated the process of change at WRH. People divulged that the values of the organization have changed through the strategic planning and implementation process. For example, more consumer respect, a shift from a paternalistic to empowerment model, a change from minimal to fuller consumer participation and the creation of a safe atmosphere for communication were described as value changes at WRH. As values change so does the culture of an organization (Burdett, 1985). Cultural changes were described in the evaluation research as a shift from paternalism to participatory approaches, changed assumptions and actions reflecting partnership approaches, an emergence of shared ownership, and a team orientation toward services. These cultural changes also came out in my interviews about partnership. Participants described a shift at WRH toward a culture of strong consumer participation as a direct result of the strategic planning process. In participatory research initiatives, involving all stakeholders can spill over into other parts of an organization, reshaping its culture (Matheson, 1994; Whyte, 1991). Ensuring that participation is not token and that consumers are having a real say in policy and planning was considered essential for the organization by a number of people. One staff person said, " One thing that I really enjoy is that there are about five consumers on the board and they are my bosses and I feel good about that." Developing consumer ownership of properties and involving consumers in the hiring processes were future visions mentioned by some people. Bennett (1987) points out that the resources and time required for true cultural transformation are often underestimated. According to this

research, a culture which genuinely appreciates and solicits consumer input, participation and collaboration evolves when a partnership approach is employed.

Hand in hand with cultural changes are changes to staffing as a result of partnership. With changing attitudes about consumers and their potential contributions, it is not surprising that many participants I interviewed talked about the issue of hiring consumers as staff within the agency. At WRH this is already happening to some degree and consumers are talking about the benefits such as a better the quality of service (Paulson, 1991). One person said, "I think consumers have a lot to offer... I think a great insight is developed by going through the system." Viewing life experiences as just as valuable as educational background was described as a key attitudinal adjustment needed at WRH, for hiring consumers as staff. Hiring consumers can be viewed as a change within the system. However, as Sarason (1972) explains, many changes *within* the system may be required for changes *of* the system. Therefore systemic changes may be anticipated as a result of meaningful consumer employment.

Structural, cultural, and staffing changes were considered outcomes of partnership. However, one person warned that changes of this magnitude can result in a loss of identity or purpose for an organization. Interviewees agreed that using a partnership approach means that an organization is constantly changing. In reference to the change process WRH is currently experiencing, the Executive Director synopsized this in saying, "I don't think decisions that come out of one change process should be considered an end product. We will need to continue to respond to change over time as our environment changes." Watzlawick et al. (1974) agree that both persistence and continual change activities are needed to make social change.

Summary. As summarized in Table 8, partnership changes people, relationships, services and organizations.

Table 8: Outcomes of Partnership

Outcomes	Description
People Change	• skill acquisition, • increased self-esteem, self-worth, self-respect • empowerment • changed identities and roles • personal learning about mental health issues and each other resulting in a sense of community
Relationships Change	• increased trust and mutual respect • ongoing, long-term relationships • genuine friendship and mutual support • connectedness between people and organizations
Services Change	• increased services • creation of new services • coordination between services and agencies and closing of service gaps • streamlined referral processes • services which reflect the needs of all stakeholders • collapse of loss of some services
Organizations Change	• structural changes (more, new committees or groups which have stakeholder representation) • cultural changes (changes values and beliefs from paternalism to consumer participation, empowerment • changes in staff (e.g., consumers as staff)

Outcomes such as skill-building, perspective taking and increased self-worth foster personal growth for individuals involved in partnership. Relationships and connections between people and organizations grow and strengthen. Services are created, improved, or are coordinated as a result of partnership. Finally, whole organizations change structurally and culturally. Partnership systemically affects people, organizations and communities. However, it is not clear from this research whether the described concept of partnership effects social change, that is change of the system. Although, the literature does indicate many elements of partnership are conducive to social change (Bennett, 1987; Bennis, Benne, Chin, & Corey, 1976; Serrano-Garcia, 1994; Watzlawick et al., 1974), it is yet to be seen whether true social change will occur at WRH.

Summary and Conclusions

Applied theory of partnership and its application to human services is scarce (Boudreau, 1991, Labonté, 1993). This research was a modest beginning of conceptualizing partnership in practice based on the experiences of people involved with WRH. In this section, I summarize the overall research findings, address emergent themes from cross level analysis, and discuss limitations and applications of partnership.

As described in Table 9, the results fit into the framework of definition, factors which facilitate or impede partnership, and outcomes of partnership.

Table 9: Summary of Findings

Defining Values	Facilitative and Impeding Factors	Outcomes
Values of Partnership • collaborative interaction • power sharing • shared decision-making • stakeholder involvement • resource sharing • shared responsibility • equality	**Attitudes and Personality** • stigma / labeling / assumptions • cooperation and openness • risk taking and innovation orientation • other (personal sense of power and self esteem) **Relationships** • mutual respect and trust • personal disclosure • friendship **Strategies** • shared values and goals • competition and territorialism • conflict and compromise • information sharing and communication • other (history, time frame, getting results)	**Changed People** • skills and expertise building • increased self esteem, confidence, worth • perspective taking • stronger sense of community and commitment **Changed Relationships** • stronger and lasting • trust, respect and friendship • interpersonal connectedness and involvement with people, organizations, and the community **Changed Services** • new and improved services • coordinated services (seamless, streamline referrals) • services beneficial for everyone **Changed Organizations** • structurally (decentralized, new committees/work groups, committee and board membership is representative of stakeholders) • cultural (strong consumer participation, ownership and collaboration) • staffing changes (consumers as staff)

Seven key values of partnership emerged: collaborative interaction, power-sharing, shared decision-making, stakeholder involvement, resource sharing, shared responsibility and equality. It is proposed that when working together in partnership, exchanges reflect these values. Partnership appears to be a flexible concept that may look very different in a variety of contexts and situations. Therefore, one value may not be as strong as another at any one time or in any one partnership. The abundance and potency of these values may dictate the genuineness and depth of the partnership. The question remains, how do you determine whether values are being practiced? Partners need to discuss and evaluate their own collaborative processes (Gray, 1985). Although some researchers have talked about evaluating partnerships at the inter-organizational level (Kaftarian & Hansen, 1994), few researchers have discussed how to evaluate intra-organizational or consultant - organizational partnership. Unfortunately, a few participants were skeptical of the concept of partnership as they had experienced processes in other settings which were called partnership but did not reflect these values. I believe this points to the importance of conceptualizing partnership, currently a vaguely defined notion, before its meaning becomes co-opted.

Facilitative and impeding factors broke down into three themes: attitudes / personalities, relationships, and strategies. Attitudes and personalities of the people involved were considered by participants to have a significant impact on partnership. Getting beyond labels and the stigma associated with mental illness, in addition to making nonrestrictive assumptions about other partners, was considered helpful. Additionally, relationships which facilitate partnership are based on mutual respect and trust, embody some personal self-disclosure, and exhibit friendship. Strategies which enable partnership were addressed as developing shared values and goals,

reducing competition and territorialism, dealing with conflict through compromise, sharing information, and effective communication.

The outcomes as described by the research participants emphasized change. I support the notion that the outcomes of changed people, changed relationships, changed services and changed organizations are elemental to social change. It is my hunch that partnership is a concept that when enacted can bring about significant social change. These outcomes reflect change at the individual, organizational and in some ways within the wider community levels. Further research is needed regarding the outcomes of partnerships (e.g., What are the personal, organizational and community benefits? What outcomes are distinct within different levels of partnership?). Investigations across settings and contexts may provide some answers.

At this point I would like to revisit the cross level investigation of partnership. As already noted, defining values, facilitative and impeding factors and outcomes cut across the levels of intra, inter, and consultant-organization. However, I would like to tease out a few subtle differences between these spheres. For clarification, Figure 4 illustrates examples from the case study setting of each level of partnership investigated.

Figure 4: Case Study Examples of Circles Investigated

In Figure 4, intra-organizational examples of partnership were demonstrated within the service provider - service user relationship, committees, the board, and groups that meet regularly as well as management practices (e.g., getting staff input on organizational operations). Although legislation and a social justice perspective can lead to more and more collaboration between consumers, family members and professionals (Bernheim, 1990; Church, 1992; Silva, 1990), partnership at this level was legitimized and encouraged by management at WRH. Those in the upper echelons of the organization have guided and provided leadership for participatory, partnership oriented approaches at WRH (based on the Process of Change Report). In light of this, I conclude that the control of the partnership remains with these leaders. Internal partnerships at other organizations may be pushed for by consumers, but this was not the situation at this setting. Therefore, the depth and genuineness of partnership may be dictated by the leaders in the organization. We can conclude that partnership may not exceed the boundaries

defined by those in legitimized positions of authority and power. Between organizations, control over the shape and depth of the partnership is likely to be shared as organizations come "to the table" with their own power base, unlike the individual consumer within a larger organization whose power to influence is determined by organizational leaders. Additionally, it could be noted that within organizations, relationships are more firmly established. I question whether this friendliness can impede candor and criticism. Although this may also come into play at the other two levels, it may be especially strong within organizations due to the intimate, daily contact with one another.

Inter-organizational examples of partnership included the crisis proposal work, the community mental health education series, the research concerning paradigm shift, service coordination and informal networking and involvement with other agencies. A theme which was most applicable at this level was issues of territorialism and competition, especially when partnership is legislated or mandatory. It is not surprising in these times of economic restraint that competition for dollars will affect local community mental health agencies detrimentally. Although a priority of the community investment funds (the crisis proposal moneys) was for partnership oriented proposals, it was a challenge for the agencies involved to figure out how a joint crisis response team would look. For example, it took months for the group to work through lengthy discussion about how many staff on the crisis team would be from each agency (crisis proposal meeting minutes). Struggles of this nature are not unique to the inter-organizational level but are most likely to happen in complex partnerships between organizations.

Partnership between the consultant or evaluator and WRH is exemplified by the strategic planning, evaluation and implementation processes, staff training, and by the article writing team. Long-term involvement of researchers is rare (Matheson, 1994). The partnership between

WRH and the Centre for Research and Education in Human Services (the Centre) was unique in many ways, including my past history and entrenched relationships with the Centre, the flexibility of the support given and received, and the pervasive involvement of Centre employees with WRH. Due to the closeness of relationships, the partnership was very emotionally charged. For example, as an internal researcher with close ties to the consulting organization, I would find myself "caught between" the consultant and the organization in negotiating support needed with budgetary time constraints. Both myself and the consultant sometimes found it difficult to draw the line between favours done for a friend and duties performed professionally. For example, I may have asked for more support from the consultant due to our friendship and at times I also took on extra tasks because I was aware of this person's busy schedule. I do not believe this is unique to partnerships at this level. However, my deep immersion at this level of partnership allowed insight into the complexities of practice.

WRH is an organization in transition. As is clear from the description of partnerships at this setting, the ideal notion of partnership is not fully implemented. However, it was not the purpose of this research to evaluate the strength of partnership within this setting but to better understand the concept based on the experiences of people who are using partnership oriented practices. I have consciously avoided giving simplistic synopses of where partnership is lacking at WRH. Instead I have attempted to illustrate the complexities of partnership through thick description. Nevertheless, the contributions of this research to the existing literature are extensive. There is very little literature addressing issues of partnership and no one has attempted holistic conceptualization. This research is a rudimentary beginning to what looks like a rich investigative future for a promising practice. I believe three findings of this research are particularly deserving of note: the values-based approach to conceptualization, the importance of the relationship in partnership, and social change outcomes.

Additionally, I believe there were a number of benefits to this research. WRH has changed and continues to change as an organization. This research encapsulates and documents some of the experiences of people in their quest for better processes and improved services. It is my hope that this research will provide a snapshot of promising practices at work within the organization, and provide a glimpse of future directions. Additionally, I believe there is great potential for cross fertilization of these issues to other settings. The basics of partnership are applicable beyond the realm of mental health to social services and communities in general. For example, Riessman (1990) espouses a new paradigm for human services in the 1990's which reflects many elements of partnership such as symmetrical relationships of helper and helpee, strengths-centred approaches, and aprofessional, de-stigmatizing, self help oriented practices. Trivette, Dunst, and Hamby (1999) describe family centred approaches to human services which place families in pivotal decision-making roles, provide necessary resources, and view consumers as capable of making choices about their services when given necessary information. It is hoped that this research may prove useful to other organizations working toward partnership oriented practices.

Partnership is an innovative concept which is being called for more and more in human services (Boudreau, 1991). Nonetheless, I also believe that partnership does have its limitations, especially in light of the impeding factors discussed. Working in partnership is challenging, time consuming, and by no means an easy approach. I also question if partnership threatens the status quo or supports it. Limitations of partnership approaches are described in the literature as enhancing consumers' *psychological sense* of empowerment and efficacy but not *actual* influence or ownership of resources (Riger, 1993; Zimmerman, 1993). Riger (1993) explains that a danger of empowering practices such as partnership aimed at improving relations and personal growth, can be substituted for tangible needs like employment. Unfortunately, despite

or perhaps due to partnerships' lack of theoretical grounding, co-option is happening. In fact one person I interviewed said, "Partnership has become a buzzword, that is valueless and empty and it is just another way to pretend progress is being made. I think it is a lot of unmitigated bullshit." It is hoped that this research will avoid partnership being used by professionals as yet another way to circumvent true sharing of power, resources, decision-making, and responsibilities.

Barriers to its implementation are discussed in the literature. Challenges of organizational growth and growing demands for services can thwart the time consuming processes needed for shared power and decision-making (Riger, 1993). Resistance to partnership approaches may be based on professionals' vested interest in maintaining dependency of their "clients" (and their source of income) (Riessman, 1990). Furthermore the larger political arena affects the extent to which partnership approaches can be implemented (Riger, 1993). Restricted funding may encourage competition and foster mistrust as opposed to partnership (Boudreau, 1991; Butterfoss et al., 1993). In-depth self-discovery and often hopeful trial followed by upsetting error, are inherent in partnership practices. However, promising outcomes like social change may prove to be well worth the struggles experienced.

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Appendix 1: Mail Out to Stakeholders

Dear (insert name)

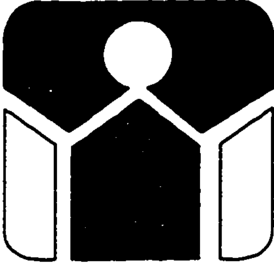
I am writing to let you know about my change of roles at Waterloo Regional Homes for Mental Health Inc. As some of you know, I have been working on the evaluation of service changes at the agency (the survey you received and the focus groups that were run). Since the bulk of the evaluation work is complete, I have finished my paid employment. However, I am continuing my involvement with WRH as a thesis student. I am currently a student in the community psychology program at Wilfrid Laurier University and Professor Geoff Nelson is my supervisor.

While employed at WRH I noticed consumers, staff, management and board members trying new ways of working together which were fair and empowering. For my thesis, I am looking at how people at Waterloo Regional Homes (WRH) work together in partnership. I will be focusing on relationships between consumers and staff, WRH and other organizations (e.g. CMHA and the hospitals), and WRH and evaluators/consultants (e.g. Centre for Research and Education). Based on other research, I have called this new way of working together **partnership**. My focus will be to define partnership from all stakeholders' perspectives. I will also be investigating things that help to build partnerships as well as things that hinder partnerships. Finally, I want to discover possible positive and negative outcomes of partnership.

To get this information, I will be doing interviews with consumers, family members, staff, management, board members and the evaluator and consultant. Most of these interviews will be done in June and July. Through this research, we can share your good examples of working together with other mental health agencies to improve services for consumer/survivors. When the research is finished in late September, I will send out a short summary of what I have found. If you have any questions about this research, please feel free to call me at the office (742-3191). I look forward to my continued involvement with Waterloo Regional Homes.

Sincerely,

WATERLOO REGIONAL



HOMES FOR MENTAL HEALTH INC.

501 Krug Street
Suite 112
Kitchener, Ontario
N2B 1L3

(519) 742-3191
FAX (519) 742-5232

Appendix 2: Letter of Permission

June 1, 1996

Ms. Heather MacGillivary
331 Park Street
Kitchener, Ontario
N2G 1N2

Dear Heather:

On behalf of Waterloo Regional Homes for Mental Health Inc. I would like to confirm my support for your thesis work on " A Case Study of Partnerships in Practice".

I have read the proposal and fully endorse the project. I support the methods by which you plan to collect your information and am eager to participate in the interview that you have planned.

Most of all, I look forward to the learnings from this project and am eager to see the results.

Sincerely,

Wendy Czarny
Executive Director

T

Appendix 3: Partnership Interview Guide

Background Information

1. Please describe your involvement with Waterloo Regional Homes?
   - role (consumer, staff, management, board, etc.)
   - how long involved with WRH
   - amount of involvement (full time/part time, active/passive, many/few services received)
   - committees, councils, the board

2. How are you involved with other mental health agencies in this community (e.g., CMHA, WRSH, CASH, etc.)?
   - roles at other organizations
   - amount of involvement at other organization
   - activities you do with other organizations

Defining Partnership

Please keep in mind your different roles at Waterloo Regional Homes and how you have worked with different people in the organization. Now, I want to find out about how you work with:

- consumer interviewee - your support worker, staff, and the board
- staff interviewee - family members, other staff, management, the board, and other service providers from other agencies
- management interviewee - consumers, family members, staff, board, and other organizations
- board member interviewee - consumers, family members, staff, management, and other organizations
- evaluator/consultant interviewee - people involved with Waterloo Regional Homes

A new concept of working together is being talked about by researchers and front line workers in human services called partnership.

3. In your opinion what does it mean to you to be working in partnership with other people?
   - please give examples
   - probe around each relationship in which the interviewee is involved (e.g. service-provider with service-user, inter-organizational, and evaluator/consultant - organization)
   - probe on issues around collaboration, involvement, participation
   - explain a relationship that you would not consider a partnership

Process

4. Please think about your (support relationship; involvement on committees, the board, with other organizations; management techniques, etc.). What does it take to build a partnership with other people within these contexts? What are some things / factors that help to make/build a successful partnership?

- please give examples
- probe around each relationship in which the interviewee is involved (e.g. service-provider with service-user, inter-organizational, and evaluator/consultant - organization)
- how did you build partnerships with other stakeholders?
- probe around values, purpose, power and equality issues, roles, etc.

5. Consider past events or factors which hindered the process of working together. What kinds of things hinder / do not help a partnership to be built?
   - please give examples of challenges to partnership building
   - probe around each relationship in which the interviewee is involved (e.g. service-provider with service-user, inter-organizational, and evaluator/consultant - organization)
   - probe around resistance to new approaches, changing roles, mistrust, diversity, eliciting participation, time and money issues

Outcomes

6. Why would someone want to build partnerships in their organization or with their support worker? What are the benefits / positive outcomes of partnership?
   - What makes it worthwhile despite the challenges?
   - please give examples, what has happened for you?
   - probe around each relationship in which the interviewee is involved (e.g. service-provider with service-user, inter-organizational, and evaluator/consultant - organization)
   - probe around improved services, empowerment, cooperation, personal benefits (self esteem, skills building etc.)

7. What are some negative outcomes?
   - please give examples, what has happened for you?
   - probe around each relationship in which the interviewee is involved (e.g. service-provider with service-user, inter-organizational, and evaluator/consultant - organization)

In Closing

8. Is there anything else you would like to add about partnerships or relationships at Waterloo Regional Homes that we have not already discussed?

Thank you for your time. Your participation is very much appreciated.

Appendix 4: Participant Selection Guide

Based on your review of the proposal , please suggest as many potential participants for interviews as you think are appropriate. The number in parentheses indicates the number of actual participants needed.

Stakeholders	**Suggestions (name and number)**
Consumers (4) • involved in different mental health settings in the community • has a "partnership" like relationship with their C.S.W • has a variety of histories and amount of services used with the agency • involved with some of the structures of WRH (e.g. board, committees, resident's council) • more than one role is great (e.g. board member, staff person, consumer, significant player with another mental health organization etc.)	
Staff (4 staff in two groups) • staff who establish "partnership" like relationships with the people they support • involved with some of the structures of WRH (e.g. board, committees, resident's council) • a variety of histories and experiences with the agency • more than one role is great (e.g. board member, staff person, consumer, significant player with another mental health organization etc.) • please indicate what staff might be good to couple together	
Family member (2) • a person who has a partnership like approach regarding the services received by their family member • preferably someone who is actively involved with the agency • more than one role is great (e.g. board member, staff person, consumer, significant player with another mental health organization etc.)	
Board Member (2) • involved in different mental health settings in the community • uses a partnership like approach to mental health services • active involvement with the agency • more than one role is great (e.g. board member, staff person, consumer, significant player with another mental health organization etc.)	

Appendix 5: Guidelines for Initial Contact with Potential Interviewees

The following points will be covered as I contact potential participants. Since I am personally acquainted with many participants, contact may be face to face or over the telephone.

- introduce myself and my past and current role with WRH (include my name, Geoff's name and WLU)
- ask if they have received the mail out summary of the proposed research
- summarize the research purpose and goals
- explain the process of how they have been chosen as a participant (criteria)
- indicate that the interview length will be 1.5 to 2 hours, no preparation is necessary but a copy of the thesis proposal is available
- explain that I will type out what we say and give a copy of the script back to the person to modify or withdraw anything we talked about
- at any time during the interview, the person can decide to stop or omit any question
- explain that no one except myself and the interviewee will know that who has participated in the research (except for the consultants and the management interviews)
- explain that participation is voluntary and a payment of $10 for participation is available
- based on who is being recruited, discuss the benefits to that person of participating in the research process (e.g. consumers will have a chance to tell their story and talk about inter-organizational relationships, findings may help to improve future service provider - service user relationships)

Appendix 6: Participants' Letter of Consent

Thank you for agreeing to be interviewed on ____________ at ________ for the research I am doing. Here is some information about the research and your rights as a participant. This research study is being done by myself as part of my thesis, under the supervision of Professor Geoff Nelson, of the Psychology Department of Wilfrid Laurier University.

The purpose of this study is to better understand how people involved at Waterloo Regional Homes (WRH) work together in partnership. What we talk about in our interview will help to better define partnership, what helps and hinders the building of partnerships and some of the outcomes of partnership. The research findings will be used to further this understanding.

Participation involves a 1.5 to 2 hour interview about these issues. If possible, I would like to tape the interview because I can then transcribe (write out) what we said and give a copy of the script to you within three weeks of the interview. If there is anything you don't agree with or think is incorrect, you can change or withdraw it. Your participation in the research is voluntary and you can refuse answer any questions or stop participating at any time.

There are very few risks involved in participating in this research. What you say during this interview will have no effect on your services or relationship with Waterloo Regional Homes. I will provide you with a transcript of the interview and a summary of the research findings. I am also open to your feedback throughout the process. Some benefits that you may experience by participating are a chance to describe what you think partnership means, to possibly improve the way people work together at WRH, to tell your story about your experiences with WRH, and to gain and advance knowledge about this new concept of partnerships in human services. Everything you say will be kept confidential. You will not be identified in any publication or discussion unless you request it. Although I may use direct quotes in my report, these will be checked with you beforehand and you will have the right to ask that certain or all quotes not be included.

If you have any questions or concerns before or after the interview, you can contact me at any time at 578-6203 or leave a message at WRH's office 742-3191. As a participant, you have the right to question me or my research advisor about the research. For any questions or concerns about the research, the procedures employed, your rights as a participant, or any other research related concerns, you can contact Professor Geoff Nelson or Paul Davock (the Field Placement Supervisor who supervises human research in psychology) at Wilfrid Laurier University (884-1970).

Please sign here to show that you have received and read this consent form and bring this form with you to our meeting.

______________________________ ______________________________

Participant's signature Researcher's signature

Appendix 7: Transcript Cover Letter

THANK YOU

Thanks again for being part of my thesis research. Your participation is much appreciated. As promised, here is a copy of the transcript from our interview on ____________. Please read it over for accuracy. If there is anything that you would like to withdraw, change, or reword, please write it directly on the paper and return it to me by _________. If I do not hear from you, I will assume the transcript is O.K. I will be using some quotes in the write-up, however you will not be personally identified as the speaker of these quotes and I will check these out with you before I submit the final thesis. If you are interested in reviewing the thesis paper before it is finalized (mid September), just let me know. I will be mailing out a summary of the results around the end of September. Please do not hesitate to call me (578-6203) if you have any concerns or questions about the transcript or the research.

Thanks again,

Please Note: This was folded as a card and printed on decorative paper.

Appendix 8: Analysis Table for Interviews

Elements	Interpersonal	Organizational Structures
Interviewees Background:		
Definition:		
Facilitating Factors:		
• service provider - service user		
• intra-organizational committees		
• organization - organization		
• evaluator/consultant - organization		

Impeding Factors	
• service provider - service user	
• intra-organizational structures	
• organization - organization	
• evaluator/consultant - organization	
Outcomes	
• service provider - service user	
• intra-organizational structures	
• organization - organization	
• evaluator/consultant - organization	

Appendix 9: Summary of Feedback

Monday, October 28, 1996

Ms. Heather MacGillivary
Street Address
City, Postal Code

Dear <name>

As promised, I am sending you a copy of the findings from my thesis research on partnership. First I would like to thank you once again for letting me interview you. Your insights and ideas have helped to shape a better understanding of partnership. My favorite part of doing my thesis was sitting down and talking to each of you. Thanks for helping me to finish my master's thesis.

You may remember that the purpose of my research was to better understand the concept of partnership by using the experiences of Waterloo Regional Homes. In order to do this, I interviewed 14 people (including you), reviewed a number of documents, and drew on my own experiences. In your interview, I asked you questions about the definition of partnership, things that help or hinder the building of partnership, and outcomes of partnership. Based on what you said, I have written a rough draft of my findings and discussion. In many places I have used your exact words to describe partnership. In the attached report, I have highlighted those quotes in green. If you have time to read the whole report, great! If not, please turn to the highlighted quotes and check to see if I have used your words in the right way.

Since many of you may not want to review the entire document, I have summarized the research results below.

Defining partnership

When asked about the definition of partnership, most participants described the following seven key values:

1. collaborative interaction - working together toward a common goal (interdependence and reciprocity)
2. power-sharing - distributing the authority and control amongst partners
3. shared decision-making - joint discussion around problems, ideas, and plans for action
4. stakeholder involvement - all relevant people should be included in the partnership
5. resource sharing - distributing money, skills, people, information, services, etc. between all partners
6. shared responsibility - distributing the burdens and workload evenly
7. equality - fair, democratic participation and involvement for all partners.

The number and strength of these values in practice creates a more genuine and deep partnership.

Things that help or hinder partnership

There were a number of things that people talked about the either helped or hindered partnership. The people I interviewed described three themes related to partnership; attitudes / personalities, relationships, and strategies. I briefly describe each of these below.

Attitudes / Personalities. Attitudes that stigmatize, label, or make limiting assumptions about people were described as not helpful to partnership. Partners who are cooperative, open, and willing to risk and try new things were described as helping the process of partnership. Other personality traits like having a personal sense of self esteem and power, and being able to receive feedback were also considered helpful.

Relationships. The people I interviewed talked about good relationships as the basis for good partnership. Mutual respect and trust, getting to know each other, and building friendship were described as relationship factors which foster partnership.

Strategies. Strategies that help the process of partnership were described as;

- having / developing shared values and goals,
- reducing competition, territorialism, and conflict through compromise,
- information sharing and communication,
- using flexible, individualized approaches, and
- strategies for enabling participation.

Other things that affected partnership were having a history with other partners, time frame issues, and getting results.

Outcomes of partnership

Outcomes of partnership focused on change. Interviewees described changed people, changed relationships, changed services and changed organizations.

Changed people. People involved in partnership approaches were described as developing new skills, more self esteem and self worth, and a better understanding of other people's perspectives.

Changed relationships. This was described as developing genuine friendships and being better connected to individuals, organizations, and communities. Stronger lasting relations were also described as an outcome of partnership.

Changed Services. According to participants; services improve, increase, or become better coordinated as a result of partnership.

Organizational Change. Participants described organizations as changing structurally and culturally. Structural changes such as the creation or alteration of committees, work groups and the board were described. Staffing changes such as hiring consumers as service providers were also mentioned. Culturally, an organization may shift toward different assumptions, beliefs, and values through partnership

This is just a brief overview of the preliminary findings for the research. I also attached a summary table for an overview of the findings. If you would like to give some feedback on these results, please read the enclosed Findings and Discussion section. You can write your comments directly on the document or you can call me @ ***-**** (after Nov. 10 - 519-***-****). Please let me know if you have feedback within two

weeks, at which time I will attempt to incorporate it into the document. A full and final copy of the entire thesis will be available in mid December at Wilfrid Laurier University's Psychology Office (New Science Building - 2nd floor). If you have any questions or concerns please contact me.

With much appreciation,

Summary of Partnership Findings

Defining Values	Helping and Hindering Factors	Outcomes
Values of Partnership • collaborative interaction • power sharing • shared decision-making • stakeholder involvement • resource sharing • shared responsibility • equality	**Attitudes and Personality** • stigma / labeling / assumptions • cooperation and openness • risk taking & innovation orientation • other (personal sense of power and self esteem) **Relationships** • mutual respect and trust • personal disclosure • friendship **Strategies** • shared values and goals • competition and territorialism • conflict and compromise • information sharing & communication • enabling participation • other (history, time frame, getting results)	**Changed People** • skills & expertise building • increased self esteem, confidence, worth • perspective taking • stronger sense of community and commitment **Changed Relationships** • stronger and lasting • trust, respect & friendship • interpersonal connectedness and involvement with people, organizations, and the community **Changed Services** • new & improved services • coordinated services (seamless, streamline referrals) • services beneficial for everyone **Changed Organizations** • structurally (decentralized, new committees/work groups, committee and board membership is representative of stakeholders) • cultural (strong consumer participation, ownership and collaboration) • staffing changes (consumers as staff)

Appendix 10: Emerging Analysis Questions

1. How do different stakeholders define (understand) partnership?
2. What are the key ingredients of partnership according to each stakeholder?
3. What are the commonalties and contradictions in stakeholders definitions of partnership?
4. How does each person's definition of partnership affect their inter-relations with others?
5. How does the organization's mission and philosophy affect people's definitions of partnership?
6. What factors facilitate the process of building partnerships?
7. What factors impeded the process of building partnerships?
8. How can a climate / culture conducive to building partnerships be encouraged?
9. How are partnerships established between people and organizations?
10. What are the positive outcomes of partnerships?
11. What are the negative outcomes of partnerships?
12. How can negative outcomes be avoided and positive outcomes be facilitated?
13. How can negative partnerships be repaired?