

The Partnership Facilitation Programme: A Case Study

Introduction

The Partnership Facilitation programme was developed for use in child and adolescent mental health, but has applications across a number of other related services. This case study sets out to:

- explain how and why the programme came about;
- describe the process of its development;
- provide an overview of the resource: structure, content and intended outcomes;
- discuss the implementation;
- present some initial findings indicating changes to practice.

Context and background

CAMHS context

The National CAMHS Support Service (NCSS) was established in 2003 as a three year intensive programme, led by national director, Bob Foster and comprising a team of regional development workers (RDW).¹ The development of NCSS reflects the unprecedented interest and investment in CAMHS over the past few years, which has been matched by greater expectations for delivery and a faster pace of change. These are reflected in recent national policy and guidance, primarily the National Service Framework for Children and Maternity Services (2004) and the Children Act (2004) that provides the legal framework for Every Child Matters.²

The role of NCSS has been to work strategically across the country in establishing common standards of practice and strengthening processes and procedures in commissioning and provision. One vital way in which RDWs have set out to fortify local services has been by working with the CAMHS partnerships. (The equivalent of a CAMHS partnership in adult mental health is the LIT, local implementation team.) Partnership working is not new in CAMHS and there are many examples of thriving partnerships across children's services. But as the CAMHS agenda has broadened, the range of partners has expanded and the tasks that partnerships are required to perform has increased. Partnership members vary considerably in professional background, prior knowledge and previous experience; expertise may exist in pockets and there may be significant gaps.

Background to the Partnership Facilitation programme

By autumn 2003 RDWs were reporting pressures on CAMHS partnerships - the agenda was so large and the pace of change so rapid that some partnerships were struggling. Even partnerships that were able to stay on top of the fast moving agenda were reporting that little or no time was left to build effective working relationships and collaborative practice. The sheer diversity and complexity of these issues as they were manifest across the different regions led to the idea of developing one or more national resources that would promote common, core standards, but allow for local context and variation. It was clear that support was required in two main areas; the need to assist partnerships with the specific tasks and functions they were charged with carrying out and secondly the requirement to provide a method by which partnerships could systematically assess their own progress towards their

¹ More information about NCSS at the website: <http://www.camhs.org.uk/>

² The NSF can be found at:

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en>

Every Child Matters is the government response to the Climbé inquiry and can be found at: <http://www.everychildmatters.gov.uk/>

targets. Two resources were subsequently developed, the partnership facilitation programme, described here and the partnership self assessment matrix.³

Development of the programme

Timeline

The Health and Social Care Advisory Service (HASCAS) was commissioned to carry out the development of the programme for and with NCSS. Initial discussions began in November 2003 and consultation with NCSS continued throughout January and February. The resource was ready for use in final draft quality by the end of April 2004.

Constructing a framework

The tasks and functions with which partnerships required specific support had already been identified by NCSS and these provided the search terms for an initial literature review and pooling of knowledge. What emerged from this process was that there was already a wealth of data about partnership working, from which could be drawn some core principles. There was also a plethora of toolkits to assist partnership working, but on closer inspection many of these resources tended to reiterate *what* partnerships should be aiming for, rather than providing clear methods and techniques for *how* to achieve those aims.

Closer inspection of a selection of partnership toolkits also revealed another issue; an underlying assumption that people are sufficiently motivated, resourced and competent to actually use the tools. The experience of both NCSS and HASCAS was that in fact some of the issues facing partnerships were so complex and daunting that even to use a toolkit required an element of external and/or expert support. Additionally, our joint knowledge and experience of CAMHS indicated that action without shared learning and theoretical background would not find acceptance. The literature review and subsequent discussions with NCSS enabled the formation of an explicit aim, focus and approach. These formed the framework in which to develop the resource, setting it apart from others by applying core principles to the CAMHS context and emphasising the *how* rather than the *what*.

The aim was to promote strong and effective CAMHS partnerships across the country, enabling them to develop robust and meaningful strategies, which, when implemented would lead to a comprehensive CAMHS.⁴ The focus was a basic national standard and common understanding of the tasks, functions and processes of CAMHS partnerships. The approach was that of facilitated joint working, shared learning and action-oriented outcomes.

Critical decisions

The eventual structure and content of the resource were determined by critical decisions taken early on to determine specific content and underpinning principles, which combined would influence the approaches to learning. Content was agreed as a result of pooled knowledge and experience in the field and comprised the following topics:

- Assessing need
- Commissioning
- Gap analysis
- Mapping services
- Monitoring and evaluating
- Partnership processes
- Policy
- Priority setting

³ The parallel development of the self assessment matrix is outside the scope of this article, but further information is available at: or contact y.anderson@hascas.org

⁴ Comprehensive CAMHS is the over-arching intent of chapter 9 of the NSF

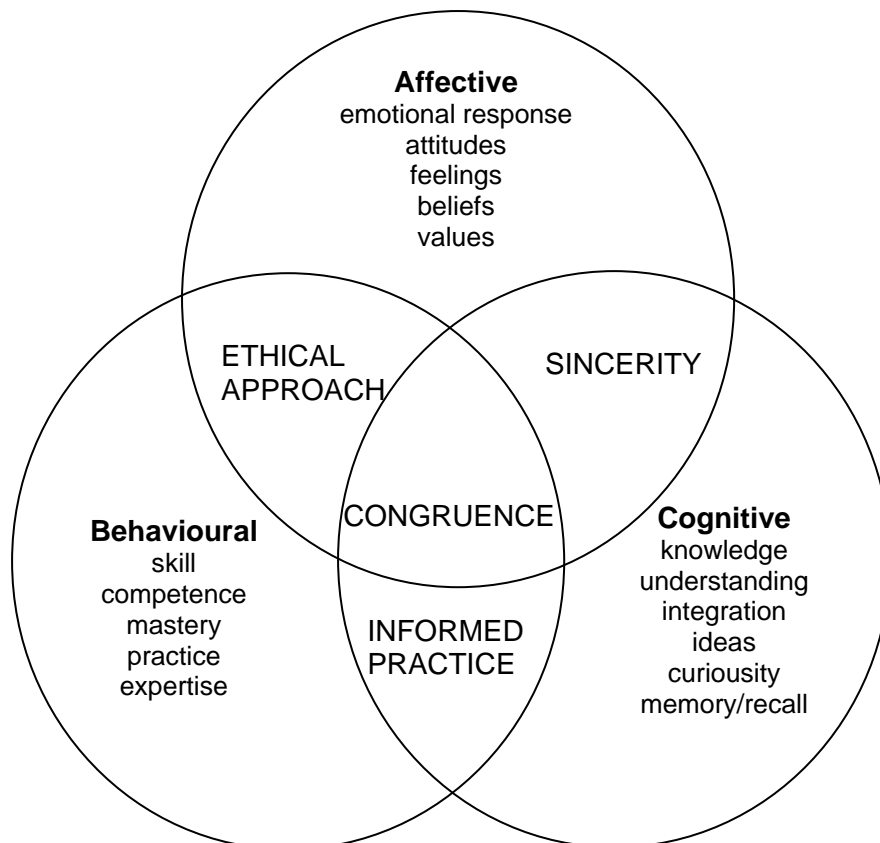
We agreed that partnerships would be free to select those topics in which they felt there was a need for shared learning and that the resource pack would not pre-empt that decision making by implying any sequential ordering of topics, or hierarchies of learning. To enable partnerships to select and combine at will, the resource had therefore to be modular, flexible, inclusive and adaptable.

The underlying principles were based upon the notion that any partnership group, whether at the early stages of its development, or well advanced in its strategy and operation, will be able to benefit from time and space dedicated to shared learning on a specific area of development. There is a wealth of evidence supporting approaches to adult learning and pointing to the effectiveness of “learning teams”, where people who learn together and from one another are able to improve their functioning together. Explicitly these elements combined to state:

- Adults learn across three domains, affective, behavioural and cognitive (Bloom, 1965, Anderson and Krathwohl, 2001). The resource will promote integrative learning, in which these domains are engaged simultaneously, addressing feelings and beliefs, knowledge and understanding, competency and skill.
- The main method by which to promote integrative learning is experiential, in which the existing skills and knowledge of participants are used as the basis for shared learning (Lewin, 1947, Kolb, 1984, Warner, et al, 1996)
- Ensuring that participants are enabled to learn requires facilitator skill in managing mixed level groups (Heron, 1999) Facilitators also need to be able to impart new knowledge and skills to the group.

The underpinning principles were summarised as the integration of learning into congruent practice, shown graphically in Figure 1.

Figure 1. The integration of learning into congruent practice.



Structure, content and intended outcomes

Structure

The programme consists of a set of eight modules, corresponding to the topic headings above, each of which is designed as a facilitated workshop. Each module is self contained and modules can be selected in any order and any combination, to suit local need. A module is delivered through a workshop, designed to take place over half a day.

Each module follows a standard structure:

- *Rationale for topic*, with references to key documents and evidence.
- *Preparation for facilitator*, outlining the skills and knowledge required for leading and facilitating this module, as well as the resources needed to run the learning activities.
- *Learning outcomes* that specify precisely what the participants will have achieved throughout the module.
- *Action outcomes* that specify what each partnership will set out to achieve in the 3-6 months following completion of the module. This maps the learning on to implementation.
- *Learning activity* provides the facilitator(s) with the timetable for the module, how to run each learning activity, making best use of the group, recording outcomes and ideas, troubleshooting.
- *Reflection, review and impact evaluation* is built in to each module and tools provided to facilitate this.
- *A resource pack* appended to each module includes handouts, slide presentations, learning aids and literature digests/annotated bibliographies.

Format

The resource is offered primarily as a paper based tool, in which everything the facilitator needs to run the workshop is readily available in a ring bound folder. The folder also contains the entire resource on CD, enabling the facilitator to customise and amend the materials according to their own needs and to update the rationale and policy context within this rapidly changing field.

Content and outcomes

The module titles correspond with the eight topics identified by NCSS as the areas of need for partnerships. Within each module the content was established by first agreeing what learning outcomes a partnership would need to aim for, then searching the literature. Again the combined experience of HASCAS and the RDWs was used, within the framework of national policy and guidance, to determine indicative outcomes for each workshop.

An example of the indicative learning outcomes for the module, Needs Assessment, are given in Figure 2 below:

Figure 2. Indicative learning outcomes, Needs Assessment

At the end of the module the participants will be able to:

- *discriminate* between need, demand and supply;
- *discuss* the nature of health need and some of the issues around the concept
- *describe* the processes involved in a combination of top down and bottom up approaches to needs assessment
- *list* the common childhood mental disorders
- *demonstrate* understanding of health promotion as well as health care need
- *use* nationally available data to make broad predictions of local prevalence
- *outline* a number of approaches to consulting with (potential) service users and groups.

Whilst there was a stated commitment to shared learning, there was also a strong emphasis on applying that learning and putting it into practice. The modules also contain a set of action outcomes and every workshop ends with an action planning activity in which participants identify the tasks that must follow, specifying who will be responsible and what the deadline will be. Figure 3 shows the indicative action outcomes for Needs Assessment.

Figure 3. Indicative action outcomes, Needs Assessment

Within (X) months of completing the module participating partnerships will:

- *produce* a summary of the local demographics
- *develop*, in consultation with public health specialists where available, expected population prevalence for the main childhood mental disorders
- *agree and implement* plans for consulting with local people, focusing on disadvantaged or hard to reach groups
- *agree and implement* plans for consulting with related agencies
- *make arrangements* for clinical input into needs assessment.

All outcomes are indicative and thus can be changed according to the specific needs of each partnership.

Implementing the programme

Train the trainers

The intention was that RDWs would have responsibility within their regions for promoting the programme and engaging the interest of partnerships. Delivery of a module would be carried out by the RDW with a co-facilitator. A pool of co-facilitators was identified through RDW networks, aiming for 6-10 per region.

From May to October 2004 a number of "train the trainer" one day events, led by HASCAS, was held around the country, in which the RDWs and an additional ninety co-facilitators

participated. The levels of existing knowledge and expertise within this pool of facilitators varied considerably and this in turn influenced their willingness and confidence to co-facilitate the first workshops.

Impact evaluations conducted at these events revealed a consistent theme in which participants reported feeling very positive and hopeful that the programme would be valuable in developing CAMHS partnerships, whilst at the same time experiencing apprehension and some anxiety about the scale of the task.

Factors that the pool of co-facilitators felt were positive included:

- The resource itself, which was seen as a valuable tool
- The flexibility and adaptability of the programme
- Co-facilitation - a useful model for peer support
- Modelling of techniques and approaches within train the trainers programme that they could take away and use.

Their concerns were expressed as:

- How to engage partnerships and sell the idea
- What precisely the expectations were of co-facilitators (ie follow up, time commitment)
- Some were less confident about their skills in facilitation and ability to troubleshoot
- How to maintain the momentum and pace needed
- How to retain fidelity to the module model when adapting for local use

The overall finding from the train the trainer events was that the partnership facilitation programme was brave, ambitious and timely and the approach could be extended to other services such as learning disability and adult mental health.

A typical set of responses to train the trainers is given below in Figure 4

Figure 4. Responses to “Right now I feel....”

Right now I feel....

“...positive & anxious!”
“...energised”
“...confused, excited, warned, enthused, overwhelmed”
“...enthused”
“...I’ve had a lovely lunch”
“...optimistic, excited, a bit scared”
“...like we might actually make it happen!”
“...anxious”
“...very pleased to have the training pack”
“...better about moving ahead with CAMHS”
“...enthused”
“...full!”
“...engaged”
“...OK, but tired”
“...thoughtful”

Variations in implementation

The partnership facilitation pack has indeed proved to be flexible and adaptable. RDWs have been creative in adapting the resource to local need and have developed a diverse range of implementation approaches, whilst retaining fidelity to the core content and methods. In addition to the half day workshop model, variations have included:

- One day per module
- Two days devoted in-depth to one module
- A two day event for a whole region, with a menu of modules running in parallel throughout the time
- One day giving four taster sessions
- A synthesis of content from selected modules to form the basis of a stakeholder and visioning day

Additionally some events have been offered to one partnership, with all members present, whilst others have been offered to a number of partnerships in an area, in which 3-4 representatives attend from each.

Initial findings

A full review of the impact and outcomes of implementing the partnership facilitation programme is planned for later this year and as yet there has been no systematic data collection. Some workshops were co-facilitated by HASCAS as part of the continuing development and quality assurance and reports from these events have been used to give a flavour of the early findings.

Where we have worked with a partnership across the course of a whole day we have often been able actually to achieve actions, rather than just plan them. Actions that have been achieved on the day include draft/revised terms of reference, revised membership, new configuration, clearer protocols for decision making, code of conduct for meetings, communication strategy and member role descriptions.

For outcomes to be useful they do not necessarily need to be tangible "products". Other outcomes have included improved group functioning, better relationships and inter-professional understanding and greater trust and mutual tolerance between members. Figure 5 shows the typical agenda for a Partnership workshop, set by the group and reviewed at the end of the workshop.

Figure 5. Extract from the report of a Partnership workshop

What Needs to Happen for the day to be a Success?

These aims were collected at the beginning of the workshop and reviewed at the end. The extent to which the aims were achieved is indicated by ✓ fully, ? partially, X not at all.

- | | |
|--|---|
| • Group takes collective ownership of issues | ✓ |
| • Shared strategic direction - agreement | ✓ |
| • Clarity - purpose, function, authority | ✓ |
| • Membership | ✓ |
| • Understanding how to achieve these things | ✓ |
| • Use opportunity in this (CAMHS within integrated services) group to think about future children services | ✓ |
| • Get a shared agenda | ✓ |
| • Revised terms of reference: scope, limits, power, authority, positioning in systems - organisational map | ✓ |
| • Commissioning - questions to ask | ✓ |
| • Appreciation of others - roles, expectations, services | ? |
| • Clear remit for action group | ? |
| • Dissipate the anger / tension in system | ? |
| • Better understanding of individual roles (How they perceive and interact with others) | ? |
| • Start with clean sheet, forget old scores | X |
| • Seeing the whole picture | X |
| • How YOT meets government set agenda for mental health needs of young offenders | X |

In the same workshop a collective view was taken of where the partnership was at that time, where it wanted to get to and how it would get there. The resultant action plan is shown in Figure 6. We can confirm that when the group met for a second workshop on Commissioning, the actions had been completed, were signed off and subsequently taken forward by the partnership.

Figure 6 Action plan from a Partnership workshop

What	Who	When
Take revised terms of reference to all partnership members	G assisted by L	Next development
Attach membership to terms of reference		Day - ALL
Task group 1 write protocol for making joint investment decisions against agreed, stated priorities. Ref. to strategy	J	
Task group 2 produce option appraisal (cost - benefit) for: current chair vs. independent chair and admin support	M	
Task group 3 to produce role description for members (1 side A4) - expectations, responsibilities (e.g. attendance, contribution, communicating back to host organisation)	A	
Task group 4 to map where the group is positioned with lines of accountability / reporting / communication (See terms of ref above - part of that process)	G	
Ensure the outcomes of today communicated to 'absent friends'.	Collective	
Encourage / lobby to attend next development day		
Carry over to next development day the debate / agreement on vision and principles	Collective/ Y and D	
Invite FK to partnership group to agree a 'Dartington' workshop focus on CAMHS at universal (T1/2 level)	G	
Review and agree title of group (branding - logo, headed paper)	?	

The programme has produced many challenges - situations occur that mean the facilitators have to think on their feet, sometimes abandoning the programme material and taking another tack altogether. Levels of trust are not always high and participants bring a lot of history with them, which has to be addressed in order to move on. Responding to difficult situations in a workshop requires considerable facilitation skill and the early successes are testament both to the abilities of the facilitators and the willingness of participants to find ways forward.

The early results of the partnership facilitation programme have been extremely promising and we look forward to a full review that will reveal take-up around the country, provide regional profiles and analyse themes emerging from the outcomes.

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