THE PROCESSES OF CIVIC ENGAGEMENT

Partnerships and Processes of Engagement: Working as Consultants in the US and UK

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SUMMARY. Government policy in both the United States (US) and United Kingdom (UK) has given increased importance to the concept and practice of partnership. Indeed, partnerships have become a key requirement of most community-based activities. This article explores the nature of partnerships and the need to see partnership as a process committed to engaging all participants. Some examples of partnerships with

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university-community links from both countries demonstrate the use of a range of consulting skills and creative techniques for facilitating effective collaborative action among community organizations and university partners. The article features the role of consultants in planning, developing, and implementing high engagement techniques in the development of community partnerships.

KEYWORDS: Partnerships, processes of engagement, consultants, engagement techniques, university-community collaboration, international

INTRODUCTION

In both the US and the UK the notion of partnership has become a key focus in many community-based activities (Audit Commission, 1998; Hudson, 1999; Delgado, 2000; Margolis et al., 2000; Maurrasse, 2001; Glendinning, Powell, & Rummery, 2002). Government policy in both countries often assumes that its agencies will form partnerships with local voluntary organizations and not-for-profit groups and local authorities are required to collaborate with the private sector. Most importantly, all of these organizations are expected to involve members of the local communities affected by the partnerships. Although this rhetoric of partnership is not new, what is meant by the term is by no means self-evident. Powell and Glendinning (2002, p. 2) have suggested that "partnership risks becoming a 'Humpty Dumpty' term ('when I call something a partnership, by definition it is one')." In a report on partnership, The Audit Commission (1998), an independent body established in the UK to ensure that public money is spent properly, described it as a "slippery concept" that is difficult to define.

We believe that Murphy and Cunningham's (2003) description of sound planning applies equally to partnering: success depends on "patience, flexibility and the ability to meld disparate interests" (p. 155). This is difficult to attain without paying due attention to the processes of partnership–that is, the factors that are important in establishing and maintaining partnership relationships. Thus, public and private agencies that require partnership as a matter of policy risk constructing top-down relationships that re-enact the very social hierarchies that

such collaboration is intended to defuse. In some contexts in the UK, for example, partnership is required as a duty and the Government has powers to take over what it regards as "failing" partnerships (Clarke & Glendinning, 2002).

This article is concerned not so much with the issue of partnership per se or how partnership is defined, but rather with the question: What are some of the processes that enable a partnership to work? How do we align the rhetoric that "we must have a partnership" with actual collaborative practice between different people, organizations and communities? We describe the development of collaborative practice between different people, organizations and communities as "processes of engagement." The processes of engagement are ways that enable people to work together on the basis of trust, reciprocity and shared purpose. In turn, it is these elements that are generally recognized as some of the important aspects of a successful partnership (Hudson & Hardy, 2002). These high engagement processes draw on Spano's treatment of public dialogue (Spano, 2001). He recommends a methodology of facilitation that is "always customised to fit the unique circumstances of each community and each public dialogue event" (p. 37). Such processes must necessarily rely on a practitioner's repertoire of basic methods and skills, as well as the ability to improvise in real time. Often, these engagement processes are ignored, undervalued or taken for granted. This lack of attention can lead to a dilemma which we call the *partnership paradox*. The partnership paradox occurs in situations in which an inherent and often unstable tension exists between the aims of the leading institution or funding organization and the desire to involve the members of local communities in a positive way.

To address the question of how to facilitate a high engagement process between individuals, organizations and local communities, we outline an approach used by the authors as consultants. We detail some of the techniques and tools used in our work as consultants to facilitate processes of engagement and demonstrate these in practice. Three case examples with university-community links from both the US and the UK are used to illustrate various types of high engagement techniques and the methods used to facilitate the development of partnership organizations.

The Partnership Paradox

Partnership is often seen as a "thing" which can be created by bringing a group of people together or by following a fixed series of steps. This approach is consistent with the rational social planning model in

which emphasis is placed on convening a group, gathering data, crafting a solution, and moving into action (Rothman, 1995). However, the social planning model does not pay attention to the "spirit and design of the process itself" (Murphy & Cunningham, 2003, p. 155). Process is not seen as a critical component. Though skilled in other areas, people involved in convening may lack abilities in facilitating participation, which, in turn, can lead to misunderstanding and failure (Daley & Marsiglia, 2000). By this way of working, either a great deal of time and energy is spent in trying to deal with difficulties and conflicts that have been brought forth, or alternatively, one of the stronger groups decides to take control and directs the way the partnership should go. Not surprisingly, either scenario can lead to a great deal of dissatisfaction in the partnership and, in the worst cases, to its dissolution.

In contrast, partnership should be seen as a "process" which is formed through collaboration with other groups and which changes and develops over time (Wiewel & Lieber, 1998, p. 2). This view of partnership is especially important if desired change is to emerge in complex systems. This approach is more reflexive. It focuses both on the process of collaborating and on its outcomes, and sees the two as interconnected in a reciprocal relationship. Knowledge about the partnership itself informs each developing stage (Arches, 2001). Thus, how the partnership is set up, resourced and facilitated, and how imbalances of power are dealt with, affect the outcomes achieved. Conversely, if potential outcomes are prescribed in a rigid manner, this will influence the collaboration process.

Health Action Zones

Health Action Zones (HAZ) are multi-agency partnerships established in the UK to bring together all those involved with the health of a local community to work towards improving it. In the initial stages, a key HAZ obligation is the involvement of local people and local communities to devise new ways of facilitating and developing a collaborative process. As a result, many of the Health Action Zones spend a considerable amount of time working on ways to involve local people in deciding the most appropriate health priorities for their particular community (Barnes, Sullivan, & Matka, 2001; Clarke, Carr, Jones, Molyneux, & Procter, 2002). However, mid-way through the HAZ funding cycle, the Government introduced a change of policy and decided that all of the action zones should pursue three national government health priorities–cancer, coronary heart disease and mental health. These new constraints had negative effects on the part-

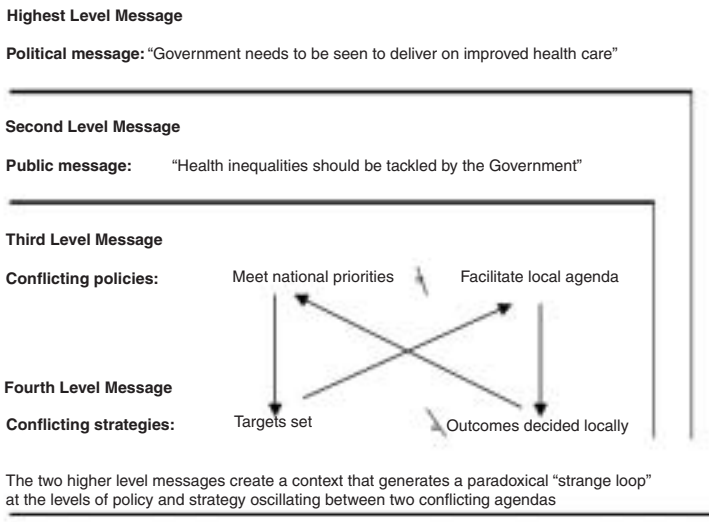
nership relationships within some of the HAZ schemes. For example, those who had decided after a local consultation process to concentrate on different areas such as young people's health were told that this was too narrow a focus, and that they needed to concentrate on national priorities (Barnes & Sullivan, 2002). The evaluation report on one particular HAZ described the negative effect of this decision:

> The HAZ "supported a growth in bottom up change that focused most directly onto the needs of the population. It was, therefore, all the more crushing for the work of the HAZ, for the Government to shift the agenda at the mid-point of the HAZ and orient it to the NHS (National Health Service) priorities." (Clarke et al., 2002, p. ii)

One way of understanding this unconstructive process is to see it as what has been called a "strange loop" (Cronen, Johnson, & Lanneman, 1982; Pearce, 1989). "Strange loops" occur when different levels of communication contradict each other and lead to a repeating pattern of unhelpful behaviour (see Figure 1). On the one hand, in the example above, the Government's overall agenda was to tackle health inequalities by achieving national priorities; on the other, it required facilitating local groups to meet their specific health needs. In practice, however, this is framed by an overall political message that the Government be seen as delivering improved health care. Thus, at the level of implementation, there are two contradictory stories within the overall aim of the Government's health policy. One message emphasizes the need to meet national priorities which leads to a specific message at the local level. The other message encourages collaborative partnerships and the involvement of local people in setting their own health agenda. The two stories are incommensurate.

If one follows the implications of the message on the left-hand side of the diagram, it leads to a position (fixed targets) which is at odds with the message on the right-hand side (local decisions). Consequently, there is a repeating loop between the two patterns of incompatible behaviours (Pearce, 1999). These loops are not merely contradictions, but take the form of a paradoxical or polarized pattern which operates like a figure eight rather than a circle (Oliver, 1996). As one story is told–that is, the importance of national priorities and the need to have set targets–it immediately brings forward the other story of community involvement and local decision making. Those involved in the particular context constantly "flip" from one story to the other. This paradox is held in place by the higher level stories of the need to address health in-

FIGURE 1. Different Levels of Communication that Create the "Partnership Paradox"



Source: adapted from Pearce, 1989

equalities while at the same time showing that the Government is effective in delivering change.

Getting Out of the "Loop"

One of the ways out of these "loops" is by changing the higher level story which constrains those below it. In this case, for example, if the higher level story were the *importance of partnerships for achieving change*, this would have an impact on the levels below. As consultants, one of our purposes in focusing on the processes of engagement in working with partnerships is to make them (at least initially) a higher level story than that of achieving specific outcomes. In this context, it is interesting to note that while early evaluations of HAZ programs are promising, progress "was in many cases more about putting issues on the agenda and establishing systems and frameworks than actually realizing measurable change" (Bauld & Judge, 2002, p. 288).

In the US context, clarity of roles and expectations and self-awareness are emphasized as crucial components of partnerships (Arches,

2001). Moving from "acting upon" to "acting with" is seen as a valued outcome. For example, one indicator of system change brought about by Community Health Partnerships (CHP) may be the extent to which "legitimacy granting roles" are realigned at the community level (Mitchell & Shortell, 2000). In short, collaboration and partnership require a set of skills, techniques and perspectives that may run counter to the standard practices and routines of individuals and organizations. These skills and techniques are what we describe as high engagement practices.

PROCESSES OF ENGAGEMENT

Based on the discussion above, a process model of constructing partnerships is crucial to achieve long-term change. Particular practices, tools and techniques are effective in building engagement processes. As consultants, our work is influenced by systemic thinking and practice (Senge, 1990; Evans & Kearney, 1996; Pearce & Littlejohn, 1997; Campbell, 2000; Spano, 2001) which pays attention not only to the people who make up any organization, but also to the network of reciprocal relationships between the people. A systemic approach is also useful in that it focuses attention on the wider systems in which any particular group exists and also acknowledges the importance of different levels of context, e.g., economic and social factors and issues of race and gender (Pearce, 1994). At the same, attention to process, rather than content, encourages facilitators and consultants to be very aware that what is happening "in the moment" is highly significant in influencing what the potential outcomes might be (Kearney, 2004).

Drawing on a systemic framework, it is possible to utilize many different techniques and tools–as long as they are applied appropriately in each individual context. Some of the tools that systemic practitioners are using include the *Reflecting Team* (Andersen, 1987; 1990), which was developed in family therapy; *Physical Thinking* (Bryner & Markova; 1996) from group work; *Appreciative Inquiry* (Hammond, 1996; Anderson, Cooperrider, Gergen, Gergen, McNamee, & Whitney, 2001) from organizational consulting work; *Future Search* (Weisbord & Janoff, 1995) and *Open Space Technology* (Owen, 1992). The use of such techniques is illustrated in the case examples below. These examples describe three projects with different levels of university-community links. As an essential step to creating an effective partnership, these examples focus on the

importance of taking time and space to engage with all the partners involved in any collaborative enterprise.

WORKING AS CONSULTANTS

Revitalizing the Hill District of Pittsburgh, USA

One of the authors (DMC), who has worked as a community organizer in Pittsburgh for over 20 years, has had a long-term involvement as a consultant with an inner-city area of Pittsburgh known as the Hill District. The Hill is an African American community with a multi-ethnic history of strong economic, social, and familial ties among neighbors. In the pre- and post-WWII era, it was regarded as a hotbed of African American economic and cultural life. One writer has described that period in the Hill as "pound for pound" more creative than its larger New York counterpart, Harlem, during *its* renowned renaissance (Fullilove, 2004, p. 133). However, by the late 1940s, a large area of the Hill was designated as "blighted" and the area suffered the massive demolition of urban renewal. From the 1970s on, the Hill became disconnected both physically and socially from the city–a shadow of its former self with poor housing and high unemployment. Although some strong community groups are active in the neighborhood, its history of failed economic and social policies means that local people can distrust the motivations of outside groups. This case illustrates the consultant's role in creating processes of engagement and use of high engagement techniques in partnership development and trust-building work with local community organizations and institutions.

Renewal Efforts and Rebuilding of Trust: Phase I

In 1993, DMC was invited by the Hill Collaborative, a multi-organization human services partnership serving women and families, to work as a member of a consulting team of four. The team would assist forty-five organizational representatives in addressing critical issues related to the governance and allocation of externally funded resources for the Collaborative. Previous reliance on a rational Social Planning approach had contributed to: (1) varying levels of trust among individual members as well as between local and outside organizations; (2) power imbalances resulting from organizational differences in size and influence over resource allocation decisions; and (3) underlying tension be-

tween white and black members manifested in differing perceptions of key issues (Baltimore, 2003). To address these obstacles, DMC and the consultant team facilitated a one-day planning meeting in which high engagement techniques were used.

For the Collaborative's meeting, the team presented an outline of the day's schedule and invited participants to modify it so that it satisfied everyone. Ground rules were established by the entire group, and included a "right to choose" between direct participation in an activity and participation by observation. DMC then led a "physical thinking" facilitation exercise adapted for a river city community from Andy Bryner and Dawna Markova's "telephone pole shuffle" (Bryner & Markova, 1996). Imaginary "river logs" were outlined with tape on the floor, and participants were divided into groups of eight to ten. Each group was then assigned a consultant as facilitator, and asked to position half of its members at each end of a log. The participants then had to begin moving toward the center and to pass each other without "falling off the log." The goal was for participants at one end of the log to switch places with those at the other end. The entire group of participants established two ground rules for the exercise: the goal should be attained, and everyone in each group must be satisfied with the process by which the goal was attained. It was agreed that if anyone stepped off a log, all members of that group had to begin again.

The larger meeting was then reconvened, and DMC facilitated discussion of the stories of encountering racial, gender and size differences on the logs, and remarked on the absence of the usual social tensions. Applied to the larger issues at hand, such experiences suggested to participants that "stepping on toes" might be acceptable if all were clear on the goals, and that organizations seeking to work together toward solving a problem were better off ignoring each other's size. Other applications of lessons gleaned from the exercise were explored and, finally, a set of initial principles were drafted to govern the Collaborative's work. The rest of the day was spent refining operating procedures and clarifying follow-up responsibilities. DMC continued to work with the Collaborative as needed throughout the 1990s.

Renewal Efforts and Rebuilding of Trust: Phase II

In 2000, Carnegie Mellon University sought to engage in dialogue with the Hill community about how the university could further assist in revitalizing the neighborhood. A modicum of trust was already in place as a result of Professor of Architecture David Lewis' Urban Laboratory

project, in which Hill community representatives were offered design ideas crafted by students. Due to DMC's work with the Collaborative throughout the 1990s, there was also trust between the Hill Collaborative and the outside consultant. Many Hill residents, however, were still harboring the neighborhood's historical legacy of distrust of urban planners and institutions. This lack of trust had to be addressed before the university could expand its work beyond the smaller rubric of a few organizing community groups.

DMC was asked to design and facilitate a meeting at which a broadly representative group of residents and organization members would be in attendance. Carnegie Mellon University had expressed a willingness to commit to a multi-year partnership with the Hill and was asking the community's permission to proceed. While this gesture was largely symbolic (as no one expected the residents to say no), it was nonetheless intended and received as a respectful one. DMC developed a facilitation strategy that would enable participants to decide whether the university would have an ongoing presence in the Hill and, if so, to identify a set of partnering principles. The Collaborative was concerned that the meeting not get "bogged down in war stories" about various universities' previous use of the neighborhood for their own educational goals without visible reciprocal gain to residents.

The designed meeting began with introductions, establishment of ground rules, and a statement of intent, namely, dialogue with Carnegie Mellon University as to "whether an ongoing relationship would be mutually beneficial and what operating principles might guide such an enterprise" (Baltimore, 2004). Participants were then assigned randomly to mixed teams of faculty and community members and asked to walk over to tables designated for different teams. At each table were large flip charts, or "communal notebooks" (in place of the individual notebooks the Hill residents had noticed were often used by Architecture faculty and students), and colored markers. Members of each team were asked to collaboratively design motor vehicles that depicted effective and ineffective partnerships. A half-hour was allotted for this exercise.

The room was then termed an "art gallery" in which the participants' illustrations of vehicles were displayed for quiet review. In one example, a drawing of a bus depicted effective partnership. The picture featured a diverse group of smiling participants looking out of the bus windows and a clear road ahead. In contrast, another bus represented an ineffective partnership. The bus had multiple steering wheels and drivers, a missing wheel, and was positioned on a bumpy road that seemed to lead nowhere. DMC insisted on silence at this stage to allow partici-

pants to concentrate on the images and their implied messages. Having walked through the "gallery" and completed their review, participants were asked to make notes on what they had observed with regard to effective and ineffective university-community partnering in the illustrations. Only then was a more traditional discussion held. Partnering principles were identified and formulated as core components of a partnership of equals. Placing a high value on mutual trust and reciprocity, the principles identified were not unexpected. Their significance lay in a sense of common ownership by all parties based on their shared experience.

In 2002, the university-community partnership between Carnegie Mellon University and the Hill was applied to a larger partnership that expanded to include the Riverlife Task Force, a regional planning entity, and Community Partners Institute, a consulting firm started by DMC in 2000. The goal of this larger partnership was and is to support Western Pennsylvania's regional river development activities by engaging neighborhoods in river-related planning and development projects. *"Find the Rivers!"* has begun work in the Hill District with the aim of expanding the community's economic, social and cultural opportunities by linking its residents and organizations to the economic and recreational development of Pittsburgh's three rivers. Design plans initiated by Hill residents and created by Architecture students are now central to the strategy for re-connecting the Hill to its surroundings. Whereas previous renewal efforts initiated by city planners focused on regenerating the Hill's central corridor and the adjacent business district, the residents' vision seeks to re-establish long severed ties to other neighborhoods and to the rivers. While reviewing the work of students sponsored by *Find the Rivers!*, a Hill resident stated, "They say the demon in the world today is the spirit of hopelessness. I've lived here in the Hill since 1968, and my heart breaks to see it deteriorate. What you've given me today is hope" (Community Partners Institute, 2003, p. 1).

Working with Primary Health Care Providers in the UK

Recently, one of the authors (JK) was invited by a number of UK health care managers to consult with them on a process for managing a restructuring of the primary health care service in their region. These managers were responsible for locally based health care services that included general practitioners (community doctors), nursing services, occupational therapy and physiotherapy services, health promotion work and also technical and administrative staff. In the region in question,

there were nine of these area teams and there was a preliminary proposal from the Director of the service to reduce these nine teams to fewer but larger groupings. It was planned to hold a consultation process throughout the organization to discuss what these larger groupings might look like. The managers who made the initial contact with the consultant were from three adjacent primary care teams and they felt that one possible outcome was the merging of their three teams. Therefore, their aim was to see if it was possible to create a workable partnership between the three areas so that they could be proactive in engaging with the consultation process.

In planning the consultation process with the managers, JK decided to draw on some of the ideas of a group called the Public Dialogue Consortium (PDC), a non-for-profit organization which is involved in a number of community projects in the USA. It has developed a way of working it calls the "public dialogue" approach which emphasizes the quality and form of the consultation process rather than focusing on outcomes. In particular, the group has been involved in a multi-year, citywide collaborative community action project with the city of Cupertino in California (See Spano, 2001). The public dialogue approach seeks to secure as much public involvement as possible at a very early stage and works to create a process which enables all voices to heard (particularly, those of normally excluded groups, e.g., local residents, young people, minority ethnic groups, elders) before any decisions are made or outcomes decided. The group uses the acronym SHEDD to describe the strategic process design underlying its work. This stands for: Getting *S*tarted, *H*earing all the voices, *E*nriching the conversation, *D*eliberating the options, and *D*eciding and moving forward together (Pearce, 2002; Pearce & Pearce, 2000).

The SHEDD design contrasts with the "public education" design described by Yankelovitch (1991) in which governmental or managerial "elite" contemplate and decide on a particular issue, and then attempt to "educate" the public, or the staff of an organization, to agree with them. This approach has been described *decide-advocate-defend* or DAD model, in which a previously made decision is argued for, and then defended against criticism from those not involved in the making of it (Pearce & Pearce, 2000). It is probably fair to say that the cynicism of many staff and community groups towards consultation exercises arises from experiences of such a process. One key difference between the two approaches is the level of involvement in the making of the "decision" and its timing within the overall sequence of events.

In negotiating to facilitate the consultation process, JK first sought agreement with the three managers. Were they were willing to participate in a "dialogue" process as described above? And, most importantly, were they willing to be open about what outcome might emerge from the process–even if it was not their preferred result? With these agreements in place, discussion (Getting Started) took place as to who needed to be involved in the process and who needed to be informed that the process was taking place. It was decided that the process should be as open and transparent as possible, and therefore accessible to all sectors of the three health care teams and local community groups. In relation to the second point, it was agreed to inform the regional director that this process was taking place and to welcome his attendance. The purpose of the initial meeting would be to allow people to discuss ways in which they might respond to the consultation process.

The second stage of the process (*H*earing all the voices) began with the holding of the meeting and the consultant's role was to manage the "conversational architecture" (Pearce & Pearce, 2000) of the day so that the kinds of conversations that took place were managed, and importantly, different from the types of conversations that usually take place in these situations. A number of specific techniques were used to facilitate this. After the usual introductions and having given people the opportunity to say what they would like out of the day, JK used a technique called the *reflecting team* (Andersen, 1987), which was originally developed in family therapy but is now used in organizational and consulting contexts. This can be described as having "private conversations in public" so that the wider group can listen in on what is being said, but not participate directly in the conversation. Using this model, the consultant interviewed the three managers in front of the rest of the group of about 25 people. He asked them to explain why they had initiated the process, what they hoped to achieve and to share their concerns. The wider group was then asked to get into small groups, which mixed together people from different local health areas, and people from different work disciplines (e.g., a general practitioner, health promotion worker and local community representative) to discuss their responses to what the managers had said and to raise any questions they wished. All this material was then collected on flipcharts and displayed around the room but not responded to at that point. The aim was to gather and bring out into the open people's views, questions and concerns but not to debate them. At that early stage in the process, debate can often lead to people "taking sides" or adopting fixed positions before a basis for useful dialogue has been established.

To move the meeting forward, the consultant used a technique from the appreciative inquiry approach (Hammond, 1996; Anderson et al., 2001) that seeks to encourage people faced with change to focus on the positive aspects rather than the disadvantages of such change. Again utilizing small mixed groups, JK asked people to consider what aspects of the current organizational structure they would like to take forward with them into any changed structure. This approach encourages people to identify the positive aspects of their existing organizations and differentiate between the positive parts of their current organization and the less helpful aspects. It avoids the situation where groups faced with change feel the need to defend *all parts* of their existing organizational structure and so opens up a space for potential negotiation. Since three different groups were involved, the exercise identified areas of agreement and areas of difference. For the consultants, this is very important in terms of creating a workable partnership.

The day finished with the participants agreeing to continue the process but not deciding on any particular outcome. In order to check that the process (*H*earing all voices) would continue outside the meeting, the consultant asked the group to consider two questions: Who else needed to be involved*?* Who needed to be influenced*?* The aim of these questions was to get the group to think about relationships both downwards through the involvement of local communities, and upwards via the senior managers of their wider organizations. As a result of thinking about these questions, the group decided to circulate details of the day as widely as possible via email, to encourage colleagues in other health areas to attend and to involve outside agencies, such as Social Services, as they would be affected by any changes. It was also decided to try and influence the wider process by feeding ideas from the day into as many formal organizational meetings as possible, i.e., management group meetings, training days, etc. It was agreed to hold a second workshop and to again make it open to as many people as possible.

The second day followed the pattern of the first and again focused on process. By the end of the day, it was clear that some agreement was emerging on how the three health areas might link together. Therefore the consultant decided that it seemed appropriate to think of ways to move to the third stage (*E*nrich the conversation) of the strategic process design. Following discussion of ways to do this, the participants decided to hold "road show" events in the local community areas to involve as many local people as possible who had not been able to attend the meetings, and to gather their views to bring to the next meeting. It was also decided to invite a representative of senior management to at-

tend the next meeting and present senior management thinking on the proposed re-organization. The timing of this invitation was useful to the consultant in understanding the current state of the group process. It was clear that rather than feeling anxious or defensive at this stage, they were interested to hear the senior management's views. It also focused the group members to think about what they agreed on as a partnership so as to present a coherent view to the senior management representative.

With the extra information provided by feedback from local people and the input from senior management, the group members were able to start to plan what needed to be done (*D*eliberating the options) in order to create, in concrete terms, a partnership made up of the three groups. A number of specialist working groups were formed to produce proposals in such areas as clinical services, technical and administrative services and community links. Although the working groups had a coordinator and core members, they were again open to others who wished to attend. Another group worked on a draft proposal for senior management. All working documents continued to be widely circulated by email.

At this stage in the process, people were starting to think about what actions should be taken. This occurred only three months after the initial meeting had taken place. However, the work that had been put into creating an effective partnership, through the processes of engagement, meant that group members felt they had mandates to operate, and, thus, produced their reports quickly and efficiently. A final group meeting was held to consider the reports and decide on a process for producing a final document. Again, since everyone had been involved in the process of creating this material and was aware of the time and energy that had gone into it, there was little that was contentious. Most people felt their views were being fairly reflected. The consultant did not attend this final meeting because the group felt it was strong enough as a partnership to manage it. From the consultant's view, this was a positive outcome in and of itself. The definitive document was produced and presented to senior managers. The managers accepted the overall rationale for linking the three health areas and also adopted many of the detailed operational proposals that were submitted as a blueprint for the overall re-structuring.

Creating a Trans-National University-Community Partnership

Richard Freeman highlights the importance of informal relationships and the process of "translation" of ideas and programs across national

boundaries. He notes that frequently, joint work is initiated over coffee or drinks or in informal meetings rather than as a result of formal sessions at conferences and symposia (Freeman, 2002). A hybrid approach, blending formal and informal meeting sessions with the use of high engagement facilitation tools, was taken in an international symposium in April 2003 in Pittsburgh, Pennsylvania. The purpose of the symposium was to connect people from the former industrial powerhouse of the Pittsburgh region with colleagues in post-industrial regions of the United Kingdom. Their task was to explore joint learning and action related to reducing health inequities in both countries.

The Graduate School of Public Health (GSPH) and the University Center for International Studies (UCIS) of the University of Pittsburgh provided seed funding for a Global Academic Partnership (GAP) program to stimulate trans-national faculty to faculty research and collaboration. In a competitive proposal process, a joint faculty-community team proposed a dialogue between community and university actors in post-industrial regions like Pittsburgh. Rather than focus on national issues, the co-chairs, author DMC and a university-based faculty member in the medical and public health schools, deliberately targeted region-to-region dialogue to facilitate the potential for local follow up. A more traditional approach would have focused exclusively on university-to-university links. The symposium was explicitly structured to involve, in addition to faculty, field practitioners and community-based workers. The Pittsburgh region (USA) and Glasgow, Edinburgh, Sunderland and Newcastle (UK) were included. A planning team was recruited comprised of community residents representing Pittsburgh's Hill District along with service providers and university faculty. Thus, a diversity of both university and community perspectives were built in from the start.

Based on an earlier symposium, involving the University of Pittsburgh's School of Social Work and community practitioners from the USA and Europe, the assumption of the planners was that informal networks of colleagues have great potential for joint action (Soska, 2001). They also shared a conviction that substantive involvement of community actors in real partnerships, despite a sometime rocky history, holds potential for accelerating effective strategies to tackle issues, including health inequities. A further shared conviction was the necessity of having these multi-stakeholder gatherings carefully designed and facilitated in a non-traditional manner, which we have referred to as *high engagement* facilitation.

This approach was chosen to overcome three challenges identified by the planners. First, a strategy was needed for the effective convening of

multiple actors from two continents, many of whom would not have met before. Some UK participants met for the first time in Pittsburgh; others had actively participated in information sharing through a web page in advance of the symposium (US/UK Dialogue web page: *http://www.ucis.pitt.edu/gap/health_ineq/*). Second, a large amount of complex background information on both countries would be required. Third, there was a wish to move beyond basic information sharing to engaged dialogue. The symposium brought participants together for two and a half days. Participants, through facilitated sessions using high engagement tools, together crafted a common sense of the historical evolution of inequities along with efforts to address them and their respective roles in those efforts.

The tone was set in the opening session. Time for introductions was minimized, basic ground rules were agreed to and participants were encouraged to create relationships over the course of the symposium. To establish how recent history had shaped health inequities in both countries, the historical evolution of university-community partnerships, and the personal stories of the participants, time lines were created. In contrast to a lecture or expert panel format, three large white boards with multiple coloured markers were arranged in the room. Having reflected and made notes on the three issues, participants then constructed time lines in a fairly random fashion, each one adding or amplifying the contribution of others. For example, rises in income and health inequality were plotted along a similar time line in the USA and the UK. Differences in emphasis and language on economic "inequalities" (UK) and racial "disparities" (USA) were self-evident on the charts. What emerged in a reasonably short time was quite a comprehensive overview of all three issues which greatly enhanced the mutual understanding of the participants. The time lines were further refined in constituent groups (US and UK university, community and service provider) to allow colleagues with similar roles an opportunity to further clarify and interpret the data.

The symposium then moved to the Hill District. After lunch, hosted by community organizations, the second working session of the first day refined earlier work. Then a local artist took participants on a walking tour of the Hill. They strolled around the area, met residents and visited taverns before having dinner together. Considerable space was left for the informal networking and relationship building, which was seen as the key to effective follow up. The rest of the symposium followed this format. It ended with Open Space meeting tools, whereby participants self selected issues around which they would commit further time and attention.

Initial results from the Symposium are very promising and significant commitments to further action were made. Several initiatives are already in progress. First, a set of partnering principles to guide further joint action have been defined. Informal networking among colleagues has started and communication has commenced through a listserv and directly between colleagues. This article is the result of such networking. Further trans-national work has commenced. Four US colleagues, academics and practitioners, attended meetings in Newcastle, Sunderland, Edinburgh and Glasgow in February 2004. As a result, a group of residents and practitioners from the UK will visit the USA in October 2004. They will attend the conference of Community/Campus Partnerships for Health and then visit Pittsburgh. Lastly, UK residents and practitioners are collaborating with their US counterparts in Pittsburgh to share experience and learning on current efforts to address heart disease, obesity and diabetes through community-wide exercise and education campaigns in Pittsburgh and Newcastle. Most importantly, this interim work will shape the agenda for further contact and follow-up meetings.

CONCLUSION

These examples illustrate that a close emphasis on process and on engaging all participants in a partnership is a crucial aspect of developing an effective collaboration. By utilizing a consulting model and high engagement techniques which are focused on the process but not concerned with achieving a particular outcome, members of university-community partnerships are given space to decide outcomes which match their particular context. Although such an approach is time consuming and demanding, it can also produce more lasting relationships and more durable results. By managing the processes of partnership, collaborative groups can develop skills which are not only useful for the specific project in question, but also become on-going resources for managing their internal and external relationships in a whole range of different areas. As a Carnegie Mellon faculty member working in the Hill District has noted, "If you spend time creating the right kind of partnership and doing the right things, everything accelerates from this" (Community Partners Institute, 2003, p. 14).

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