Cross-sector partnerships with small voluntary organisations: some reflections from a case study of a mutual support group

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This article explores two partnerships that members of a small mutual support group for people with heart disease made with representatives of other organisations in order to gain funding and other resources. With a theoretical framework suggested by Pierre Bourdieu, the partnership process is examined in terms of the relationships between organisational representatives and the resources or potential resources available to the voluntary group. The substantive finding from this case study is that the mutual support group achieved collaborative advantage by gaining professional, therapeutic services while remaining largely true to its core mission. The Bourdieusian approach made it possible both to examine the dynamics of power relations within the voluntary organisation and also to look at the interaction and structural constraints in cross-sector partnerships. It proved to be a flexible, wide-ranging framework for research on the voluntary sector.

Introduction

This article explores the dynamics of a small voluntary organisation involved in cross-sector partnerships and how these are managed. It investigates two aspects of partnership working: the similarities and differences between organisational representatives; and the different kinds of resources that are offered by partners.

Organisational theory provides insights into the optimum organisational structure for voluntary organisation service delivery, governance and funding (Gidron, 2010). With a focus on roles and stakeholders, Gidron (2010: 408) analyses the voluntary organisation as a stable entity in which the formal hierarchy reflects the power distribution. Organisational theory is also used to explore networks of heterogeneous organisations: von Schnerbein (2010) focuses on partners rather than organisations, and provides little discussion of organisational instability. In contrast to both Gidron and von Schnerbein, the focus here is on instability – the dynamics of power struggles within an established small voluntary group and the effects of these on partnerships with other organisations.

Neo-institutionalism is helpful in providing pointers to the effects of social interaction in the production and development of local networks and organisations within civil society (DiMaggio and Anheier, 1990; Baum and Oliver, 1996; Barman, 2002, 2008; Fernandez, 2008). It draws attention to the process by which social transformation happens in voluntary organisations as a result of the conflict between ‘challengers’ and ‘incumbents’, and emphasises that power relations do not remain static (Fligstein, 2001:

Key words mutual support • partnership • habitus • capital
The organisation can be conceptualised as undergoing a process of development in which the social hierarchy may be challenged, resulting in structural change.

Neo-institutional theory may also focus on the benefits associated with exchanges between organisations in the wider community. Powell and Perron (2010: 317) argue that voluntary groups that seek to maximise external resources negotiate within the policies of accrediting organisations in order to secure their own place in the institutional sector. They may mimic the structures and practices of more powerful organisations in order to gain legitimacy (Barman, 2002: 1193). This highlights the institutional context within which small voluntary organisations operate. As Babiak and Thibault (2009: 121) suggest, the cultural differences between organisations that interact — evidenced in their language differences, specific goals and orientation — may be a challenge to the effectiveness of partnerships (see also Coulson, 2005).

Resource dependence (boundary-spanning) theory also offers helpful insights into the need of voluntary organisations to construct internal mechanisms, especially in the structure of management boards, in order to strategically adapt to their external environment (Marchington et al, 2005). Callen et al (2010) argue that, in order for voluntary organisations to be effective in meeting their goals and gaining resources, they require ‘boundary-spanning’ directors who have the capacity to develop and maintain open and trusting relationships with their counterparts in other organisations while balancing this with distance and formality so as to protect their organisations from the risks associated with inter-organisational breakdown. This highlights the importance of personal relationships as well as congruence of goals between partners.

This article uses a Bourdieusian theoretical framework because it is a flexible resource that can absorb insights from these other theories in the investigation of two levels of social functioning: the power struggles within small voluntary groups; and the institutional context of partnerships with other organisations. It does not assume that established voluntary organisations are stable entities with a perfect correspondence between formal structures of control and the actual power to achieve outcomes.

Bourdieu’s key concepts are ‘capital’ and ‘habitus’. The two basic forms of capital are economic and symbolic capitals. Symbolic capital comprises personal non-economic resources that are used to conserve and enhance social positioning (Bourdieu, 1980: 116). As outlined by Bourdieu (1986), these resources include cultural capital (preferences) and social capital (linked to social networks). Cultural and social capitals have been used extensively in research (including Sullivan, 2001; Robson, 2003; Silva, 2005; Bennett, 2006). In his later work, Bourdieu (2005: 194) changed emphasis and suggested that there are multiple species of symbolic capital used contextually: ‘financial capital (actual or potential), cultural capital, … technological capital, juridical capital and organisational capital (including the capital of information about the field), commercial capital, social capital and symbolic capital’.

Bourdieu argues that the capitals that individuals use in social interaction are expressed through their habitus. Habitus is ‘sedimented’ capital – the personal orientation of individuals to the social world that derives from their social origin and life experience (Bourdieu, 1979: 474). It reflects differences of social status between groups: their social roles, mores and established habits. To each class of social positions, Bourdieu argues, there is a class of habitus with individuals who share tastes and have
an affinity of style that unites their practices and goods (1994: 8). Habitus includes both a bodily orientation in social encounters (1997: 141) and an embedded system of classification of the nature of reality, which may be largely pre-conscious (1994: 8). Both attributes of habitus affect whether and how individuals engage in specific social encounters (1986: 47). Much research using habitus is qualitative and interactionist (including Angus et al, 2005; Ahmed and Rees Jones, 2008; Nettleton et al, 2008).

This study uses Bourdieu’s later, more contextual conception of multiple capitals and his concept of ‘habitus’ to explore the development of a small voluntary organisation that entered into cross-sector partnerships.

## Partnerships

Voluntary organisations engage in cross-sector partnerships with public agencies and other organisations in order to gain funding and other resources. A good working definition of cross-sector partnerships is ‘[a] coalition of organisations and individuals from more than one sector who agree to work together for a common aim or a set of compatible aims, and who share resources and responsibilities….’ (primary care trust website, 2009).

Huxham and Vangen (2000: 772) include partnerships within inter-organisational collaborations. They suggest that organisations form collaborations in order to gain ‘collaborative advantage’, outcomes that could not be reached by organisations acting alone (Huxham, 1996; Huxham and Vangen, 2000, 2004; Vangen and Huxham, 2003). Partnerships, as collaborative ventures, imply a degree of interdependence between organisations, some surrendering of autonomy for the partnership period. However, in relation to collaborative working between public agencies and the voluntary sector, Powell and Glendinning (2002: 3) suggest that ‘partnership’ is a contested concept that is used by government because it is positive, warm and imprecise. It gives no indication of the nature of the relationship between partners (see also Coe and Barlow, 2010: 34; Taylor, 2012: 23). The term marks a shift in the relationship between the state and the voluntary sector, which is associated with the state withdrawal from the direct provision of some welfare services.

When the Conservatives under Margaret Thatcher came into power in 1979, there was a radical shift in ideological climate from the former corporatist perspective to a market-driven approach. The growth of the state was seen as problematic and there was an attempt to cut back on state welfare provision. From the 1990s, there was an increasing emphasis on partnerships, with requirements in diverse service areas for local communities and service users to be consulted (Taylor, 2000: 1020). The voluntary sector began to be encouraged and subsidised to replace the state as service provider in some areas of welfare.

With the election of the New Labour government in 1997, there was a change in the definitions used to frame the relationship between the public and voluntary sectors. With the continuing state withdrawal from the direct provision of some welfare services, the role of the voluntary sector was defined differently from that of private contractors (Dacombe, 2011: 163). The voluntary sector was defined in slightly contradictory terms as both independent from and a partner to public agencies in...
welfare service delivery. ‘Independence’ implies separation, a contractual relationship, but ‘partnership’ implies commitment from public agencies, that the voluntary sector should be supported to grow as a good in itself.

This is exemplified in the 1998 Compact (Home Office, 1998). This was a statement of the broad principles of the state–voluntary sector relationship (Deakin, 2001: 42). It asserted that:

- there should be an independent voluntary sector;
- there should be complementary roles for the voluntary sector and government in welfare provision;
- partnership working between the public, private and voluntary sectors with common goals and objectives is a public good.

This approach to voluntary sector partnerships was reinterated in the Strategy Unit (2002) review Private action, public benefit and more recently in the 2010 coalition government’s Revised Compact (Cabinet Office, 2010, see comments by Mold, 2012; Rochester, 2012). These emphasise the voluntary sector’s independence and that there is added value in working in partnership to deliver welfare services.

From the 1990s, the amount of external funding available through public grants to the voluntary sector to facilitate the delivery of welfare services declined from £5.2 billion in 2003/04 to £4.2 billion in 2006/07. Subcontracting welfare services to the voluntary sector became increasingly common during the same period. It accounted for £4.5 billion of public funding in 2003/04 and had risen to £7.8 billion in 2006/07 (NCVO, 2009; see also Clark et al, 2010). Public loans to enable voluntary organisations to restructure the social enterprise1 form to enable subcontracting have become widely available. In 2001/02, the total value of loan finance to the voluntary sector was £1.7 billion. By 2009/10, this had risen to £3.5 billion (Kane, 2012) and, in April 2012, the coalition launched ‘Big Society Capital’, a public loan scheme capitalised with £600 million: £400 million from dormant bank accounts with additional funds from four big banks – Barclays, Lloyds, HSBC and RBS (eGov Monitor, 2012).

The case study

This is a study of a voluntary mutual support group, defined here as a member-designed and -led group that supports people with similar health or social needs (Archibald, 2007: 599; for contesting definitions, see Riessman and Banks, 2001: 173; Chaudhary et al, 2010: 347). After the creation of the welfare state (marked by the National Health Service Act 1946), many mutual support groups were formed to support people who fell through the gaps in state funding, such as older people, disabled people and people with mental health problems (Chesterman, 1979: 88).

The contemporary forms of mutual support groups are specialised in terms of a focal problem of concern (Borkman, 1991: 643). They may engage in partnerships with professional agencies in order to gain resources that they cannot provide themselves
and this may result in a blurring of their boundaries as member-designed and -led groups (Powell and Perron, 2010: 316).

This is a study of a mutual support group for people with heart disease. The group has 150 older male and female members. There is a management committee of volunteers that oversees the running of the group, including three trustees (the chair, treasurer and secretary) who have legal responsibility for overall management and finances in the group. The group is a registered charity, with an income that has fluctuated widely over its lifetime, an income that is largely dependent on the amount of grant funding it receives in any year, although it does get a small amount of income from subscriptions, entry and therapy fees and a minimal amount of trading. During the fieldwork period in 2007–08, the annual income of the group was under £50,000. At that time, most of the grant funding and in-kind support for the mutual support group was provided by the local primary care trust (PCT).²

Table 1 shows the membership composition at the start of fieldwork.

Table 1: Mutual support group membership composition at the start of fieldwork (March 2007)

<table>
<thead>
<tr>
<th>Membership</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee</td>
<td>10 (including 2 founders)</td>
</tr>
<tr>
<td>Volunteers</td>
<td>35 (including 1 founder)</td>
</tr>
<tr>
<td>Founders</td>
<td>4 (2 committee officers, 1 therapist, 1 volunteer)</td>
</tr>
<tr>
<td>Members (no formal role)</td>
<td>105</td>
</tr>
<tr>
<td>Staff</td>
<td>2</td>
</tr>
<tr>
<td>Therapists</td>
<td>6 (including 1 founder)</td>
</tr>
</tbody>
</table>

At this time, there were 10 members of the management committee, including the chair, vice-chair, treasurer and secretary as well as committee members who did not have a designated role. The mutual support group also had two members of staff who worked part time in the private office at the main site and were part funded by the PCT. There were 35 volunteers. The family that founded the group had continued to work in various roles, paid and voluntary, over the lifetime of the group and, during 2007, two founders sat on the management committee, without a designated formal role. One family member undertook regular paid counselling and relaxation sessions within the group until the grant funding ran out and one founder attended several branches as a volunteer and sometimes facilitated meditation sessions. There were more distant members of the founding family who attended one branch.

There are four stages in the mutual support group’s history. The important partnerships with external organisations took place in stages three and four. The first stage was from its inception in 1988 until 1998. The group was set up by a local factory worker with early-onset heart disease who received little statutory support and who wanted to help others in similar circumstances who lived in the same neighbourhood. His extended family (the founders) remained as formal leaders/trustees until 1998 when they received a Lottery grant of £90,000 for the mutual...
support group to increase its minority ethnic membership. At this point, having established the group on a firm footing, the founders seemed to have welcomed the opportunity to withdraw from the responsibilities of formal leadership, as shown by this comment from one founder: “It cost me my marriage, sort of thing, it was so heavy!” (founder 2, interview). The second stage ran from 1999 to 2004. This was the period in which the voluntary organisation was Lottery grant funded. During this period, the group had new formal leaders elected from the existing member base and did not appear to have expanded either its membership or services.

The third stage in the group’s history ran from 2005 to 2006 and marked the first partnership between the group and the PCT. From 2005 onwards, the PCT commissioner had been looking for opportunities to expand the PCT public health role in the city by providing grant funding to voluntary organisations for the provision of services that met PCT targets for secondary prevention activities, such as weight reduction projects and exercise classes. This expansion by the PCT into community secondary prevention activities coincided with a change in the leadership of the mutual support group.

The new honorary officers of the mutual support group joined as ordinary members with heart disease, during the time when the PCT was expanding its public health role. At this time, the group had become financially insecure. In contrast to most members, who had had routine clerical jobs during their working lives (Registrar General [RG] class III(N): skilled non-manual), the new members were unusual in that they came from the higher levels of public sector management – from senior positions in local government, the police service and education (RGII: managerial/technical). Because of their backgrounds, they were experienced in gaining and managing external funding. It was noticeable that they dressed smartly at all times, often in suits, and that they were articulate and used the language of professional fundraisers – with a vocabulary of ‘leverage’, ‘matched funding’ and ‘synergy’. They brought a dynamism to the search for external funding and rose rapidly to serve in a voluntary capacity as honorary officers on the management committee.

In 2006, they engaged in the first partnership (partnership 1) with the PCT commissioner that led to the expansion of the voluntary group: from a single site to an organisation with six branches and the two new staff posts; a financial subsidy for some regular therapeutic activities; and also the support of PCT clinicians who led short-term projects to encourage members to lose weight and to make healthy lifestyle choices. Grant funding was provided for expansion but not for core funding to maintain the new branches. This appeared to be a PCT strategy to encourage the group to become self-sustaining in its expanded form.

The fourth stage in the group’s history began in early 2007 and marked the second partnership (partnership 2). The founders were doubtful about the direction in which the honorary officers were taking the group. They believed that grant funding was only a short-term solution to financial insolvency and saw the possibility for the group to become self-sustaining by converting to a social enterprise. They approached the PCT commissioner and also a private consultant working exclusively for the voluntary sector and formed a partnership. The partners set up a business development subcommittee within the committee structure of the mutual support group. Their
development plan proposed a restructure into a social enterprise and included a draft application for a Lottery grant of £100,000. The business plan was to create a main trading hub with a paid development manager in overall control, selling expertise to other voluntary groups in how to effectively expand and professionalise services (see Mason, 2010).

Within this plan, the main site of the mutual support group would become one of the volunteer satellite branches that fulfilled the founding mission of mutual support. The revenue gained from trading would support the volunteer branches and the management committee of the group would have a more restricted role as managers. This proposal to restructure the mutual support group failed because when the development plan was presented to the management committee, it was rejected by the honorary officers. During the fieldwork period in 2007, the honorary officers then started a new Lottery application to convert the group to a social enterprise, which was similar to the rejected application, but with volunteers rather than paid workers and in which they retained control over mutual support group development.

Table 2 shows the mutual support group timeline.

Table 2: Mutual support group timeline

<table>
<thead>
<tr>
<th>Period</th>
<th>Stage</th>
<th>Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988–98</td>
<td>1</td>
<td>Inception of group by local man, leadership by founding family, Lottery grant of £90,000</td>
</tr>
<tr>
<td>1999–2004</td>
<td>2</td>
<td>Withdrawal of founders from leadership, period of Lottery funding, no expansion of membership/provision</td>
</tr>
<tr>
<td>2005–06</td>
<td>3</td>
<td>Financial insecurity, new leaders with professional backgrounds, first partnership with the PCT and expansion</td>
</tr>
<tr>
<td>2007–08</td>
<td>4</td>
<td>Second partnership between the PCT commissioner and the founders to convert group into a social enterprise – failed</td>
</tr>
</tbody>
</table>

Fieldwork

This is an extended case study in which Bourdieusian theory ‘framed’ the empirical work (Burawoy, 1991, 1998). I did nine months’ participant observation in the group in 2007 followed by in-depth interviews with 10 members. In 2008, I also conducted two in-depth interviews with partners from the local PCT: one with a private consultancy and one with the local branch of the Council for Voluntary Services (CVS).

I became a participant observer at the group’s main site and at three of the new branches between March and December 2007 (110 hours). I worked as a volunteer in the group and dressed casually. I collected the entry fee from members at the start of group sessions, cleared up afterwards and generally tried to be useful. I was an overt observer. Being a volunteer provided opportunities in which I could explain my research and answer any questions. There is a danger that the overt presence of the observer will influence the behaviour of participants (Hammersley and Atkinson, 1983: 68). I did not feel that my presence affected practice generally, because of the formality and complexity of the research setting. The mutual support group had regular meetings and activities organised by therapists. There was a diversity of members,
a variety of formal roles and the frequent presence of representatives from other organisations, so outsiders were not unusual. I completed field notes and a research journal after each group session but was not able to use a tape recorder, camcorder or camera because the group chair considered that this would be intrusive.

I did not want my researcher role to be too overt because I wanted to be accepted as one of the group. For example, I preferred to write my field notes away from the field sites when members were around, although I felt that I should do them in their presence to make the fact that I was doing research obvious. This echoes Bourdieu’s (1990: 34) criticism of participant observation that researchers ‘play the game while waiting to leave it in order to tell it’. The emotional difficulties and ethical problems for participant observers in the field are well documented (Mason, 2002: 93; Hall, 2009; Nicholson, 2009). In the fieldwork, I was both a volunteer and a researcher (Karnieli-Miller et al, 2009: 279). I shared Robertson’s (2010: 9) sense of a ‘collapsing insider/outsider dichotomy’ with ‘no clean-lined separation of the two’.

In some ways, the in-depth interviews had more potential to change participant practice than the participant observation. In participant observation, participants did not have to offer explanations of their practice and could entirely ignore me if they wished. The potential disturbance to participants in the in-depth interviews seemed to be greater because the situation was a researcher-controlled interaction away from everyday practice. It may be that, as a researcher, I was given ‘official’ accounts of practice during the interviews. Alternatively, having spent some months doing participant observation in the mutual support group before selecting interviewees, there is at least the possibility that I was, at this point, more familiar to these participants than a new researcher starting from cold with in-depth interviews. There is also the possibility that I may already have gained some empathy with group members, which may have helped in interpreting what they said in interview.

**Findings: habitus**

Why did partnership 1 succeed and partnership 2 fail – or as Huxham and Vangen (2000: 773) would express it, why did one result in collaborative advantage and one in inertia? Huxham and Vangen provide useful insights into differences between the processes of each partnership. They suggest that such collaborations are inherently ambiguous, complex and dynamic processes because of who become partner representatives (Huxham and Vangen, 2000: 796). Partner organisations and representatives may have different and often conflicting overt and hidden agendas in relation to collaborations. Huxham and Vange argue that it is difficult for partners, when a collaboration is formed, to understand and negotiate these agendas. For the PCT commissioner, in working with the mutual support group, there must have been ambiguities, advantages and disadvantages in working with different members. There were the founders, the old leaders to whom the volunteers were loyal and who had experience in the group over its lifetime, and the new dynamic honorary officers who had substantial experience of managing grant funding but little experience in the group. The commissioner may have wanted to keep her options open by forming partnerships with each subgroup.
Habitus, partnership I

In the first partnership, it was notable that the honorary officers recognised the local funding ‘game’ being played (funding in exchange for expansion). Unlike the founders of the group and volunteers, they understood the corporate world of networking and made opportunistic links with representatives from powerful organisations like the PCT. Both the honorary officers and the PCT commissioner were professional managers by occupational background (RGII) and shared similarities in interaction. Both sets of partners were smartly dressed, with elaborated vocabularies. The focus of the honorary officers, like that of the PCT commissioner, was ‘naturally’ on the funding aspects of the organisation (Bourdieu, 1997: 11; Puncheva, 2008: 274; Taylor, 2012), as illustrated in the following quote:

‘The group secretary and I did an exercise on costing each group. We are hoping for £20,000 next year [from the PCT]. We’re never going to get what we want but if we can show them…. We did a very professional presentation and gave it to them, just pulled together information that we had in spreadsheets, projections, stuff that they like….’ (Treasurer, interview)

This congruence of social background, interactive style and assumptions suggests that the partners had similar habitus. With such similarities, it is not surprising that the honorary officers of the mutual support group came to be seen as the ‘acceptable’ face of the group for the PCT commissioner: “I mean … [the chair’s] been good, been really good and obviously they’ve got … [the treasurer] there and he’s been really good as well. These two are really, really good and, before I left, I started to see some good things coming through” (PCT commissioner, interview).

As a result, in the partnership, both sought the same goal (funding for the mutual support group) and accepted that this required group expansion. The honorary officers understood what was required for success for small voluntary groups in this institutional context, and that it offered them a predictable set of outcomes. Bourdieu calls this harmony between personal habitus and the terms of reference of the field, a ‘practical sense’: ‘Someone who has incorporated the structures of the field (or of a particular game) “finds his place” there immediately, without having to deliberate, and brings out, without even thinking about it, ‘things to be done’ (business, pragmata) and to be done “the right way”….’ (Bourdieu, 1997: 143).

The partnership was successful, not just because partners shared similar habitus but because the founders of the group and volunteers could be mobilised successfully to set up the new branches. They could be mobilised to do this because they believed that expansion contributed to the reach of the founding mission of the mutual support group – to provide mutual support for members with heart disease. The criticisms that the founders and volunteers expressed about expansion concerned problems that arose in relation to the speed of expansion (such as the lack of prior developmental activities to assess the potential membership), not to the fact of expansion itself, as one of the founders commented: “What we should have done is got one [branch] up and running successfully. The secretary committed us to six branches off the top
of her ‘ead ’cause it ticked the box at the time. Then we were left holding the baby” (founder 2).

Habitus, partnership 2

The second partnership between the founders, the PCT commissioner and the private consultant to restructure the group failed at what appeared to be the last hurdle – when seeking final approval by the management committee – even though the business development subcommittee was formally recognised within the committee structure and regular reports went to the management committee to be approved. Why, then, did it fail? The success of the second partnership was in jeopardy from the start, I suggest, because partners did not share habitus – their assumptions about the purpose of the partnership differed as did their orientations to it.

There were misunderstandings between the partners about the purpose of the partnership. It was established during a time of frequent conflict between the honorary officers and the founders over the direction of the development of the group. The restructure was an opportunity for the founders to reduce the control exerted by the honorary officers over group development by placing a professional manager in overall control. In Fligstein’s (2001) terms, this is a power struggle between challengers and incumbents. The PCT commissioner and the private consultant did not understand this context. The aim of the restructure, for the commissioner, was to prepare the group for PCT commissioning and the failure of the second partnership was a blow:

‘I think the mutual support group are one of the best groups in terms of the diverse services they provide, of [all] the voluntary groups we’ve got in the city. But that just represents to me how much work we’ve got to do. In the future, the PCT will put contracts to tender to deliver healthcare/support in the community and third sector groups might want to bid for these. This is the sort of thing the business development subcommittee was angling for. In the end, I just gave up. It’s too hard.’ (PCT commissioner, interview)

The private consultant had a different focus to that of the founders and the PCT commissioner. She believed that small voluntary groups were likely to become subsumed under the control of organisations that grant funded them, such as the PCT, and to be diverted from their core missions. For the consultant, the restructure to a social enterprise was a way for the mutual support group to become independent of external funding organisations, such as the PCT: “Voluntary groups get dependent on funding from the PCT, have to meet PCT targets. This distorts their aims” (private consultant, interview).

The private consultancy, unlike the PCT, was not a potential source of grant funding for the mutual support group. It only provided business development support to voluntary organisations and was funded through the income they gained as a result. It was for this instrumental reason that the consultant formed an alliance with the commissioner despite her clear reservations about PCT partnership.
The partners in the second partnership could work together without a shared understanding of context because they used a rhetoric that was ‘pragmatically ambiguous’ (Giroux, 2006: 1232). This is the use of language (which may not be consciously intended) that allows different courses of action while maintaining a semblance of unity. The partners used a rhetoric that bypassed their contradictory goals and stressed the benefit of the restructure of the mutual support group to its continued survival. This is shown in the PCT commissioner’s statement in interview: “The mutual support group needs to make things cost-neutral to help limit funding crises” and in the private consultant’s statement: “The mutual support group needs a trading arm to beat funding dependency.” They could all agree with this rhetoric.

A symptom of differences in bodily orientation between partners was shown in their dress and language. The founders dressed casually and used local colloquialisms in their vocabulary, as illustrated here: “There was definitely some fear. They [the honorary officers] didn’t want the business development [subcommittee] to have the power. They wanted it. So it was taken back and it ended with nothin’. We had all those professionals then – you’d never get them back on” (founder 2, interview). The PCT commissioner and private consultant, in contrast, were always smartly dressed and used a more formal language style: “There weren’t robust processes of getting approval for things through the committee. You didn’t know whether she [the group secretary] had asked the questions that were intended and made proposals in the appropriate way” (PCT commissioner, interview).

With these differences in habitus, the PCT commissioner and private consultant ‘misrecognised’ the local context (Bourdieu, 1997: 142). If they had understood the context of struggles for power within the group, they would have been more able to assess the probable outcome when the restructure proposal finally went to the management committee. The formal committee structure of the mutual support group that they recognised was only the visible layer of power relations, and a more extensive layer of hidden control lay with the honorary members.

Findings: capital

The findings suggest that congruence in habitus is only one factor that influences the success of partnerships with small voluntary organisations. Another factor is the volume and species of capitals offered by partners. Sharp et al (2000: 3) argue that a powerful organisation, such as the PCT, can only achieve some control over the development of another independent organisation, such as a voluntary group, by offering in exchange resources that are desired by this organisation. Powerful organisations may do this directly by offering tangible resources and also indirectly by their ‘weight’ in the institutional context (Bourdieu, 2005: 195).

In the two partnerships, three resources were offered directly to the mutual support group by partners in exchange for some control over development:

- financial capital (grant funding);
- clinical support (therapeutic activities and health/lifestyle talks);
- funding advice (knowledge of external funding requirements).
The PCT also influenced the organisational structure of the mutual support group by its weight in the field. The ‘weight’ of social agents is a function of the volume and species of their capital and powerful agents can shape the ‘space of possibilities’ of other agents by setting the terms of engagement (Bourdieu, 1994: 15; Bourdieu et al, 1999: 127). The PCT was the most powerful organisation in the institutional context of the mutual support group because it offered the most accessible external funding at a time of financial insecurity. The resources offered by the PCT made it more likely that members with funding-related capitals, such as the present honorary officers, would become leaders in the group because they were able to take advantage of the opportunities offered. When they became leaders, it was then more probable that the mutual support group would be shaped by the frame of reference of the PCT. However, in the two partnerships, the findings show that the influence of the PCT over the direction of group development was limited.

**Capital, partnership 1**

In the first partnership, the PCT provided grant aid to the mutual support group to create branch sites and, in the process, influenced its development towards PCT targets for expansion of secondary prevention activities. By controlling access to a desired resource, the PCT commissioner also laid the groundwork for future mutual support group development as a ‘cost-neutral’ organisation by providing no funding for core administrative costs.

As Huxham and Vangen (2004: 193) suggest, common wisdom is that ‘the power is in the purse strings’. It might be supposed that the PCT held complete control over group development but this was not true. In this partnership, members believed expansion to be a positive development and the group complied with the commissioner’s targets for development to the extent that great efforts were made to set up new branches at the pace determined by her. However, the group retained a high degree of independence in pursuit of its own interests and was not a puppet of PCT policy. The honorary officers, the staff and the founders resisted the PCT plan for the branches to be maintained without further funding. They understood that the PCT was using the group as a vehicle for its secondary prevention activities and viewed expansion into other parts of the city as an exchange in which expansion was traded for the valued resource of grant aid rather than as an altruistic act.

The PCT commissioner could not understand their point of view. She believed that the mutual support group would ‘naturally’ want to work altruistically for the good of city residents rather than just for its members and that it would maintain the branches, once set up: “I feel that fundamentally, it’s us and them, and if the funding’s not there they will go back to being just one site, which, to me, isn’t in the spirit of population health” (PCT commissioner, interview, interviewee’s emphasis).

In this partnership, the mutual support group retained some leverage in negotiations. It was not powerless because it was perceived by the commissioner to be a vehicle through which the PCT could deliver its public health services. Rather than being in a position to say ‘take it or leave it’ to the group, the commissioner sought to get the
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best outcome possible from the partnership, in terms of PCT targets for secondary prevention activities in the city.

Capital, partnership 2:

The influence of the PCT over the development of the mutual support group was more limited in the second partnership partly, I suggest, because the resources offered to the group were insufficient. Instead of providing direct grant funding, the strategy of the PCT commissioner and private consultant in this partnership was to provide advice to the mutual support group in business development activities that included a Lottery application. Grant funding from the Lottery was only a potential profit. The honorary officers of the mutual support group rejected the development plan because the cost of partner support was development in a direction that they – as the most powerful members of the group – did not welcome because it reduced their control. The potential profits (grant funding and income from trading) were seen to be insufficient reward for surrendering some influence over group development to a professional manager.

In this partnership, the power of the PCT to influence the development of the mutual support group was limited by the structural dynamics of power relations in the group itself (see Bourdieu, 2001: 36). The PCT commissioner, private consultant and the founders set up the business development subcommittee within the formal committee structure and this gave legitimacy to its agenda. When the development plan was then presented to the management committee, it failed because the honorary officers were able to control access to meetings to their own advantage. They decided how the recommendations of the subcommittee were presented to the management committee (by one of the honorary members) and they were able to find problems in the draft Lottery bid and to ‘legitimately’ reject it.

They could do this because they were the most powerful social agents in the mutual support group as a result of the weight of their own funding capital and had structured the organisation to their own advantage. They then subverted the development plan of the subcommittee by using it as the basis for a new Lottery application, in which they retained control over mutual support group development.

Concluding remarks

The findings from this case study suggest that it is possible for small voluntary groups that partner with larger organisations in order to gain resources to have some freedom in the interpretation of their role. The mutual support group examined here was not completely at the mercy of more powerful organisations, such as the PCT. Members of the group understood the public health remit of the PCT and used this as a negotiating tool in order to gain resources on their own terms.

Was it an advantage to the mutual support group to work collaboratively with the PCT? There is a danger that voluntary organisations may become saturated with the agenda of powerful, external stakeholders that fund them (Deakin, 2001: 42; Craig and Taylor, 2002: 134; Kuhn, 2008: 1247). Collaborative work is also ‘highly resource
consuming and often painful’ and Huxham and Vangen conclude that ‘don’t do it unless you have to’ (2004: 200). However, the findings from this study suggest that it is possible for small voluntary groups to achieve collaborative advantage. When the PCT offered grant funding and therapeutic support to the mutual support group to increase the locations and extent of therapeutic activities, this was a direction of development that was approved by members because it enhanced mutual support activities.

Much research highlights the potential for ‘mission drift’ in small voluntary organisations away from their original goals (Weisbrod, 1998: 9; Turner, 2001; Craig and Taylor; 2002; Eikenberry and Drapal Kluver, 2004; Foster and Bradach, 2005; Guo, 2006; Ingamells, 2007). However, this case study suggests that it is possible for small voluntary groups to remain true to their core missions even in circumstances of financial stringency where powerful organisations offer resources in exchange for some control over development. The founding goal of this small voluntary organisation was mutual support. Funding was a maintenance goal, a means to survival, and the direction of development remained mutual support even when the group entered into partnerships to gain funding. In Barman’s (2002: 1191) terms, the mutual support group ‘differentiated’ without sacrificing its founding mission. It attempted to carve out a unique niche in the range of its mutual support activities as a response to a competitive market for voluntary sector funding.

There are interesting links shown in this study between Bourdieu’s analysis of group dynamics and neo-institutional theory, especially Fligstein’s (2001) work on ‘challengers’ and ‘incumbents’ within organisations. Fligstein extends Bourdieusian theory beyond his basic dicotomy of dominants and dominated social groupings by providing concepts that express the relation between specific kinds of social groups that exert control within an organisation in different ways.

Using a Bourdieusian theoretical framework has utility in that it offers the opportunity to explore both the dynamics of social interaction within a small voluntary group and also the relationships between members and representatives of other organisations without assuming that the group is a stable entity with a congruence between formal management structures and effective control. This analysis highlights the way in which cross-sector partnerships with small voluntary organisations may falter as a result of the hidden power relations within them. The findings unpick some of the ways in which formal management structures within voluntary groups are only the visible layer of power relations and may mask the hidden control of specific powerful leaders as well as the informal influence of respected members who have a long history of involvement. This suggests that, for effective partnerships based on mutual understanding, it may be necessary for partners to invest time in building and maintaining relationships within small voluntary organisations, in order to understand sufficiently the actual structures of control and influence. This study suggests that the range, scope and flexibility of a Bourdieusian analysis make it an important tool in the research armoury of what is a key area of public policy: the role of small voluntary organisations in welfare services provision.
Notes
1 The Social Enterprise Coalition, a leading think tank for social enterprise, defines the mechanics of social enterprise as: ‘Businesses with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners (www.socialenterprise.org.uk).
2 National Health Service (NHS) PCTs commission primary, community and secondary care from providers. Until 31 May 2011 they also provided community services directly. Collectively, PCTs are responsible for spending around 80% of the total UK NHS budget. They are scheduled for abolition on 31 March 2013.

References


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