



**WHAT  
WORKS  
SCOTLAND**

**Evidence Review**

December 2015



**Partnership working  
across UK public services**

This evidence review is one of a series of papers that What Works Scotland is publishing to share evidence, learning and ideas about public service reform. A summary version is available at [www.whatworksscotland.ac.uk](http://www.whatworksscotland.ac.uk).

### **What Works Scotland**

What Works Scotland aims to improve the way local areas in Scotland use evidence to make decisions about public service development and reform.

What Works Scotland is working with Community Planning Partnerships (CPPs) and stakeholder partners to achieve its aims, namely to:

- Identify and better understand what is working and not working in public service delivery in Scotland, and how we can translate knowledge from setting to setting
- Contribute to the development of a Scottish model of service delivery that brings about transformational change for people living in different places across Scotland

What Works Scotland (2014-2017) is a collaborative between The Scottish Government, the Economic and Social Research Council (ESRC), the University of Edinburgh and the University of Glasgow.

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## 1. Summary points

- Partnership working in UK public services is a complex process shaped by structural, cultural and social factors. Developing and sustaining effective partnership working is challenging in this context.
- There is very little evidence linking partnership working in the UK public services to improved outcomes. This is, in part, because of the methodological challenges associated with conducting robust evaluation work within such complex systems.
- The research evidence highlights a range of features of effective partnership working. How these features contribute to partnership effectiveness are shaped by a number of factors, including the motivation for any partnership and the agencies and sectors involved.
- By considering the relevant literature in terms of inputs, activities and different levels of outcomes, this report highlights the features that need to be in place at different points in the partnership journey for effective partnership working.
- There are no 'one size fits all' solutions to improve partnership working. Organisations and individuals need to engage with the complex context in which they work to address structural, cultural and social factors influencing effectiveness.

## 2. Introduction

Partnership working is central to the public services reform agenda across the UK and beyond. Partnerships exist between public agencies, the third and private sectors and local communities. Across the UK they are often formally mandated by policy. Partnership is seen as a means to address a wide range of complex issues, from health inequality and local regeneration, to increasing employability and decreasing pressure on hospital beds.

Within Scotland, the partnership agenda has become more prominent over the past 20 years. In this time there has been a clear shift from voluntary to mandatory partnerships. In 2014 the Scottish Parliament passed legislation requiring the NHS Boards and Local Authorities to formally constitute integrated bodies in each of the 32 Local Authority Areas. In 2015, the Community Empowerment Act increased

the statutory basis and responsibilities for Community Planning Partnerships.

The policy pressure towards partnership belies the complexities of partnership working in practice. There is an extensive body of literature that documents the difficulties public service organisations have experienced establishing and maintaining effective partnerships. This finding has been echoed within the What Works Scotland project where Community Planning Partnerships identified partnership working as one of the key difficult issues they are facing (Bennet et al, 2015). This review has been produced in response to this need to inform the development of practice in this area.

### About this report

The aim of this review is to present evidence about partnership working in an accessible way so that it can be used to inform policy and practice. The review brings together evidence from empirical research<sup>1</sup> on UK public service partnerships reported in peer reviewed journals<sup>2</sup> or the grey literature<sup>3</sup> between January 2000 and July 2015. This includes partnerships between local statutory sector agencies and with third and private sectors. The review does not include research focused on partnerships with local communities or people using services, or exclusive public / private sector partnerships. In addition, the review includes a small number of theoretical papers and reports that have been frequently cited in the literature, or identified by the research team and peer reviewers as being important to contextualising the discussions.

Both the practice of partnership working and the efforts to research this topic are mired in complexity. Whilst it is possible to discern clear trends in the research findings, the literature does not lend itself to be summarised as a series of unequivocal messages about what works, when and in which contexts. What a review of this body of research does provide is an understanding of the ways in which partnership working processes inter-relate to influence the success of the partnership. This enables us to draw some strong conclusions about the kinds of approaches to partnership that are likely to lead to positive outcomes.

It is not the intention of this review to describe the literature exhaustively. Instead this review aims to equip readers with the understanding required to assess the relevance of specific findings in their own contexts. The findings of the

<sup>1</sup> empirical research is that based on observation or experiment. In the context of this review studies were deemed to be empirical if they followed a documented process to collect and / or collate and analyse data to answer specified research questions.

<sup>2</sup> peer review is a process used to ensure the quality of academic work through a process of academics with similar expertise reviewing each others' work.

<sup>3</sup> Grey literature refers to documents that are not found through publishers or databases, such as company reports, reports published by not-for-profit organisations, and conference reports. Such literature is generally not peer reviewed.

review are presented in five main sections, each reflecting one of the five questions the review set out to address:

1. How is partnership working conceptualised and defined across UK public services?
2. How is the effectiveness of partnership working conceptualised and evaluated?
3. What are the features of an effective partnership?
4. What factors influence partnership effectiveness?
5. What does the evidence tell us about how to improve partnership working across UK public services?

Each of these sections provides a summary of the main findings and encourages the readers to reflect on a number of Talking Points. Sections 5.1 and 5.2 contextualise the review by presenting the conceptual and methodological approaches and issues encountered in this literature. Section 5.3 aims to synthesise a very large body of detailed literature in an accessible format using an approach to theory based evaluation, contribution analysis. This includes a summary of the evidence about key features of partnership that need to be in place to achieve desired outcomes. The evidence exploring factors that influence partnership effectiveness is summarised in section 5.4. Finally, in section 5.5, specific evidence about how to improve partnership working is reviewed.

Signposts to further reading are included in each section. More detailed information about the approach to the literature search is presented in the appendix.

This report was produced by What Works Scotland's Evidence Bank for public service reform. The Evidence Bank provides appraised, accessible and action-oriented evidence reviews and other resources for those involved in public service delivery including Community Planning Partnerships, policy-makers, local authorities and third sector organisations.

### 3. Use of terms

This review contains repeated uses of the term partnership working and associated terms used in the literature such as collaboration, integration, networks and joint working. An exact definition of each term was not attempted to allow a diverse range of evidence to be included in the exploration of how different fields, sectors and studies understand and employ such concepts. Thus this review includes research examining diverse forms of partnership, from strategic level partnerships to multi-professional working in teams. The review also includes literature exploring integration and integrated care as a form of partnership. A discussion of the issues around defining partnership working is presented in section 5.1.

## 4. Evidence overview

### 4.1 Evidence landscape

The evidence landscape for partnership working is very diverse. This review incorporated evidence from the fields of healthcare, education, social care, justice, environment, community development, tourism, public health and management. The disciplines from which the studies came included sociology, political science, social policy, urban studies, health studies, social work, public health and criminology. In the UK the three partnership arenas that have been most frequently researched are: health and social care; public health and local area planning (in that order).

#### *Partnerships across the world*

Over the past 20 years, partnerships have proliferated across the public sector, here in the UK and globally. Research into collaborative public service approaches can be found in Australia, New Zealand, the United States, Canada, Europe, South Asia and many other regions. Partnerships can also be found at an international level, involving the agencies of the United Nations, national governments and international NGOs. Given the volume of research literature in this area we made the pragmatic decision to focus on research carried out in the UK. Research included was carried out in England, Scotland, Wales and Northern Ireland. Details of the distribution of research across the four nations is presented in the appendix. Whilst there was some variation in specific partnership initiatives across the nations of the UK the overall partnership landscape was very similar. Readers can assume findings from the review are applicable across all nations.

#### *Research, commentary and debate*

An interesting feature of the peer reviewed and grey literature on partnership working is the predominance of articles and reports not based directly on empirical research. Of the UK research accessed, more than half of the peer reviewed articles did not report empirical research. This literature provided critical commentary on policy developments, developed conceptual models, presented reflections on and recommendations for practice. There were a large number of reviews of partnership working across disciplines. Many of these were narrative, developing specific arguments. This was a pattern echoed in the grey literature, which is dominated by commentary, practical guidance and reviews with a relative paucity of research reports. Partnership is a phenomenon written about much more than it is researched. Given the breadth and diversity of writing, the decision was taken to restrict

the evidence review to peer reviewed and grey literature reporting empirical work. This included standalone studies and review papers where a clear methodology was outlined. In some cases broader literature is included in the signposting guides, for example where it offers a particularly accessible summary of specific issues.

**Size, scope and roles**

The extent to which research in this area has been driven by developments in policy and practice is striking. Most of the research included in this review reports on studies and evaluations of specific partnership initiatives. The locus of analysis varied, with some studies focussed on the organisational factors, others on the individuals working in the partnerships and still more seeking to examine both. The size of research studies vary from large multisite, longitudinal evaluations to single case studies. The relationship between the research team and the partnership also varies. In many cases the research team are external, however there are also examples of embedded evaluation and action research and in one case an auto ethnographic account of someone involved in a partnership development process (Stuart, 2012).

**Methods**

The research methods most frequently used were interviews, focus groups, surveys and documentary analysis. More than two thirds of the research included in this review exclusively used qualitative methods. Of the remainder, more used mixed methods, with just a handful of studies looking exclusively at quantitative data. This quantitative research sought to link key features of partnership to local population data relating to key outcomes, such as death rates and offending patterns. This literature is discussed in more detail in section 5.2.

**4.2 Gaps in the evidence**

The lack of quantitative studies linking partnership working to final outcomes is the most striking gap in the evidence,

and is much discussed within the broader literature (e.g. Dowling et al 2004). This is due to the complexity of evaluation issues encountered in this context, which are discussed in detail in section 5.2. In addition, relatively few studies examine the issue of partnership improvement empirically. The small literature that does exist is presented in section 5.5.

**5. Findings**

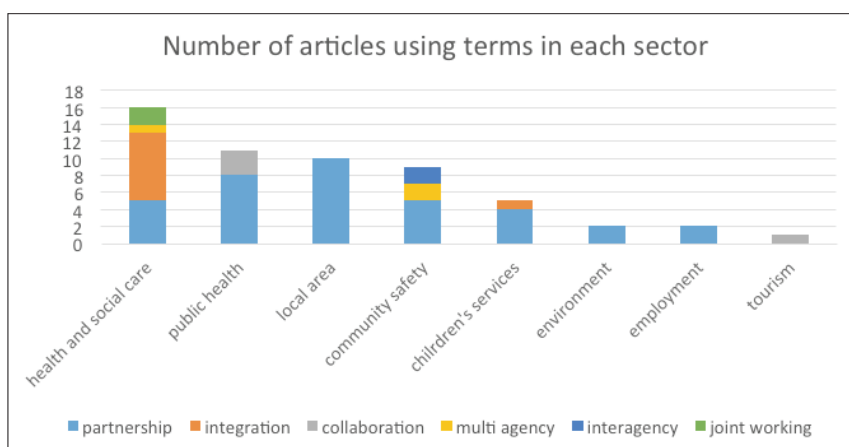
**5.1 How is partnership working conceptualised and defined across UK public services?**

The conceptual landscape within which the concept of partnership working exists is a messy one. Whilst this review focusses on the term partnership working, it draws on a body of literature documenting a range of overlapping activity, including collaboration, multiagency working, integration and joint working. The frequency of the use of different terms in peer reviewed articles by sector is summarised in the bar chart below.

Analysing these papers, it is not possible to discern clear distinctions between the ways the different terms are used. This finding is supported by Atkinson et al (2007:13) whose review identified 14 different terms used in the literature to describe work that is ‘multi agency’. Instead it would appear that differences in language use reflect differences in policy terminology across sectors. For example the term integration features heavily in the health and social care literature, reflecting two decades of policy discourse, whilst local area initiatives are exclusively referred to as partnerships, again following the language of policy.

**Defining partnership working**

None of the research papers included in this review sought to provide their own definition of partnership working. Indeed, the pragmatic benefit of being able to encompass



a broad range of activity under a loose definition of partnership was highlighted by several authors (e.g. Lindsay et al 2008). The research reviewed did draw on a range of pre-existing definitions of partnership. Arguably the most simple of these was cited by Lester et al (2008: 494) as “any situation in which people work across organisational boundaries towards some positive end.” Percy-Smith (2006:316) conducted a review of definitions used in research on children’s services and identified the following shared characteristics:

- The structure and / or way of working involves two or more organisations
- These organisations retain their own separate identities
- The relationship between the organisations is not that of contractor provider
- There is some kind of agreement between the organisations to work together in pursuit of an agreed aim.
- This aim could not be achieved, or is unlikely to be achieved by any one organisation working alone
- Relationships between organisations are formalised and are expressed through operational structures and the planning, implementation and review of an agreed programme of work

**It is important to note that this collated definition differentiates partnership working from integration, where two or more agencies lose their identity and merge into one. However, the reality is that the term integration as applied within the current UK health and social care policy context is rarely used to refer to a merging of organisations and instead reflects the desired experience of service; integrated care.**

### **Conceptualising partnership working**

Whilst defining partnership was not a priority for much of the research included in this review, understanding partnership working was. Research included in this review actively sought to develop explanatory frameworks and theories to guide future research, policy and practice in this area. Researchers applied a number of different analytical lenses to this task, as would be expected given the breadth of academic disciplines involved. The different lenses were not necessarily mutually exclusive with many authors drawing on more than one approach to contextualise findings. The three most commonly used approaches are summarised below.

#### ***Partnership as an organisational form***

Research into partnership working from a social policy / political science perspective has sought to conceptualise

partnerships in relation to the macro level forces shaping the organisation of the partnership. Many of the papers included in this review describe a shift in the way UK public services are organised, away from hierarchies and markets towards more local and collaborative forms of organisation (e.g. Dickinson and Glasby, 2010). The term hierarchy is used to refer to forms of organisation where activities are directed by bodies with central authority, for example central or local government. Markets exist where there is a split between a purchasing organisation and the provider of service, and generally involves one or more provider organisations competing to win contracts to deliver services.

A concept frequently used in this literature to refer to this more collaborative form of organisation is governance. Governance refers to the process whereby formal governing structures are created that include the private sector and civil society alongside public sector government. Several authors included in this review argue that the move towards governance as an organisational form has gone hand in hand with the rise of partnership working and is a particular feature of policy since New Labour came to power in 1997 (e.g. Whitehead, 2007). As Sinclair (2011:78) highlights “Partnerships develop joined up policies to multidimensional problems.” Slater (2006) argues that a focus on governance has been a direct response to the failure of ‘command and control’ and market approaches to address complex social issues. Central to this way of working is the devolution of power and decision making to local communities and for local government to shift from controlling to more co-ordinating and enabling approaches.

The ‘governance’ lens has been most frequently used to examine local area partnerships, including strategic area partnerships (e.g. Carley, 2010), and waste management partnerships (Slater, 2006). Research using this lens has examined the ways in which the different organisational forms (governance, hierarchy and markets) are operationalised in partnerships and their impact on participation in and outcomes of partnership.

#### ***Features of partnership***

Identifying and categorising significant features of partnership is an approach that has been used widely to conceptualise partnership working. This approach has been used to look at features relating to context, structure and process. Researchers have sought to develop typologies of partnership working, understand extent of partnership working and to identify features of partnership leading to improved outcomes. It is striking to note that within this literature context, structure and process have been universally examined side by side, reflecting the realities of practice.



Haynes and Lynch (2013) in their research on partnerships between schools and colleges developed a typology of partnership working in relation to strategic and operational level collaborative practices. In this typology they identified a continuum of collaboration, with limited collaborative delivery at one end and complex collaborative delivery at the other. This notion of a continuum of organisational arrangements features prominently in the literature on health and social care integration in particular. For example, Gleave et al (2010) asked managers to categorise their current partnership working arrangements along a continuum from structural integration at one end, though to relative autonomy at the other.

Numerous studies have sought to identify organisational and cultural features of partnership that yielded benefits or disadvantages in relation to partnership processes and final outcomes (e.g. Atkinson et al, 2007; Stewart et al, 2003; Ling et al, 2012). Examples of features included vary from relatively concrete features such as co-location and pooled budgets to more intangible features such as organisational culture, effective leadership and inter-professional understanding. The ways in which these features have been categorised varies considerably between studies, influenced by disciplinary perspectives, methods and sector.

### **Partnership as a social process**

A number of studies included in this review sought to contribute to understanding of partnership working through in depth examination of the social processes ongoing in the partnerships under study. Whitehead (2007) argues that to understand a partnership it is important to understand the internal day to day workings that are shaped and characterised by partnership structures. This involves looking beneath organisational flow charts and mission statements to understand how these structures are enacted and experienced day to day. For example Powell (2014) carried out interviews and observations within a range of health improvement partnerships to explore how staff from the different organisations identified the partnership and themselves within it.

Understanding the way power and authority is asserted and negotiated in partnerships is a key focus of this research. This approach has been used by many researchers to understand how different partners participate in and influence decision making (e.g. Sinclair, 2011). To this end, researchers have examined language use, both by staff and in official documentation (e.g. Sherlock, et al 2004); looked at the ways in which membership of partnerships has been negotiated (e.g. Kaehne, 2013) and at how partnership arrangements have evolved over time (e.g. Powell, 2014).

### **Key findings**

- Partnership working is a messy phenomenon that is not easily defined.
- A range of terms are used to refer to collaborative work between different organisations.
- Differences often reflect use of terminology in policy and practice rather than meaningful difference between concepts.
- UK public service partnerships can be conceptualised in relation to their organisational forms, features and the social processes ongoing within them.
- Understanding the ways in which these factors play out in any given partnership, and the relationship between them is essential to understanding partnership working in that context.

### **Talking points**

- Whose views are important to capture to develop a good understanding of your partnership?
- To what extent is your partnership shaped by pressures from local and central government, the local community and other stakeholders?

### **Further reading**

Williams and Sullivan (2007) in their report for the Welsh Government provide a detailed summary of the theoretical underpinnings to collaborative working.

Stewart et al (2003) present a matrix of partnership features and explores how their operationalisation can create both barriers and drivers for partnership working.

One study that provides a particularly vivid account of the ways in which people shape partnerships is Powell et al (2014). Their study of 'Target Wellbeing Partnerships' explores how the perceptions of local workers influenced the development of different aspects of partnership working.

## 5.2 How is the effectiveness of partnership working conceptualised and evaluated?

This review did not set out to address the question of whether partnerships are effective. It is important to note that only one of the research studies included in this review produced strong evidence to link partnership as an organisational form with improved outcomes (Best et al, 2010, discussed below). Research did suggest links between partnership working and the effectiveness of particular processes and between specific processes and some final outcomes (e.g. Cameron et al, 2013; Dowling et al, 2004; Smith et al 2009). This evidence, however, is highly equivocal.

This gap in the evidence is attributed to a lack of focus amongst partnerships on final outcomes and the methodological challenges of conducting research in this area. The challenges of conceptualising and evaluating partnership effectiveness are considered in turn below.

### Conceptualising effective partnership

Just as it is hard to define partnership, so it is hard to define what makes for an effective partnership. One of the most influential and intuitive approaches encountered in the literature is the Theory of Collaborative Advantage (e.g. Huxham and Vangen, 2000). Partnerships that achieve outcomes that could not be achieved by one organisation alone are conceptualised as experiencing collaborative advantage. Collaborative inertia is the counterpoint to this and is experienced by partnerships where the rate of output is slower than expected.

Dowling et al (2004) in their review of literature on partnership effectiveness identify two approaches to understanding partnership success: improved processes and improved outcomes. Indicators of effective process include: level of engagement with community partners; agreement about purpose and need; high levels of trust, reciprocity and respect and clear lines of accountability. Outcome indicators used include: accessibility of service; equity of access, quality; efficiency; experience of staff; health status of service users.

To date, much more research has sought to understand partnership processes than outcomes. This is due both to the conceptual challenges of linking process to outcome (discussed below) and to the tendency amongst organisations to see the creation of the partnership as the end in itself (Dickinson and Glasby, 2010).

### Evaluation of effective partnership

Research seeking to evaluate the effectiveness of partnership has broadly taken two main approaches:

methods led or theory led (Lamie and Ball, 2010). Methods led approaches capture and analyse data from partnerships using a limited range of established research methods. The aim of this research is to link interventions (in this case partnerships) with pre-identified outcomes. Most of this research is statistically driven (see Hayley et al, 2012), however there are a few studies that have sought to link interventions to outcomes for service users and carers qualitatively.

In the context of criminal justice Best et al (2010) examined the link between use of a high intensity partnership service and arrests in the 12 months after referral to the service. They followed people who had been arrested and were using drugs or alcohol who were then either referred to a partnership service delivered between probation, policy and local drug and alcohol teams or treatment as usual. This research found that people allocated to the partnership service were arrested less over the following 12 months and that the more contact they had with the service, the less chance they had of being arrested. Whilst the authors do conclude that there is a link between the partnership and improved outcomes, they were unable to determine why these benefits were realised.

Qualitative studies have made some advances in linking aspects of services delivered in partnership to improved outcomes. Several studies have sought to understand outcomes of partnership for people using service (e.g. Beech, 2013). This research has shown that people using services like specialist, integrated services (Freeman and Peck, 2006) and that the factors they identify as important include: continuity of staff, sufficient staff and access to a range of resources (Petch et al, 2013).

Theory led approaches to evaluating partnership seek to examine the realities of partnership working against a 'theory of change' that is the idealised logic model of how the inputs and processes lead to outcomes. This approach requires close working with a partnership team to determine the 'theory of change' for that partnership. This might include not only key processes that need to be in place, but also conditions for success. Having developed this theory, researchers then engage in a systematic process of data gathering to find evidence as to whether or not each step in the logic model is robust. If there is good evidence to support the process then outcomes can be attributed to the intervention. For example Sullivan et al (2002) adapted a theory of change approach to understand the links between community engagement and outcomes for Health Action Zones.

### Challenges

Applying either approach to evaluating the outcomes of interventions as complex as partnerships is highly

problematic. Attributing specific outcomes to interventions using methods led approaches is a key challenge. For example a Cochrane Review of health inequality projects was not able to identify any positive links between partnership and outcomes despite restricting partnerships included to those with pre-determined partners and large enough population sizes for statistical significance (Hayley et al, 2012). Theory led approaches do address the challenge of attribution, but to do this partnerships need to have a clear theory underpinning their work and don't allow for partnerships to evolve over time (Sullivan et al, 2002).

Whilst these issues are encountered when evaluating a range of real world interventions, there are some issues to do with the nature of partnerships that make them particularly challenging to evaluate. Partnerships have both a long lead in time and a shifting life cycle (Slater et al, 2006) so knowing when to evaluate is a challenge. Benefits of partnerships may take many years to be realised (Dowling et al, 2004) and it can be hard to differentiate between impacts of the partnership and specific organisations within it. Finally the presence of partnership working is often invisible to people using services making capturing their views on partnership challenging (Petch et al 2013).

### **Key findings**

- Evaluating partnerships is a highly challenging endeavour and to date there is very little evidence linking partnership working to improved outcomes.
- Research has demonstrated links between partnership working and improved processes and linked process to final outcome.
- Theory led approaches offer an opportunity to develop the evidence base in this area.

### **Talking points**

- How important is it to evidence the link between partnership working and improved outcomes in your context?
- Do all parties have a shared view of how partnership inputs and activities are expected to lead to desired outcomes? Is there a clear 'theory of change' underpinning the work of your partnership?

### **Further reading**

One of the most comprehensive and influential analyses of the challenges of 'Conceptualising Successful Partnerships' was produced by Dowling et al (2004). This paper reviews literature from health and social care and presents the findings of this research alongside a clear and detailed discussion of the main methodological and conceptual issues.

For an in-depth discussion of the challenges of developing robust statistical evaluations of partnerships and summary of results see Hayley et al (2012). This Cochrane review examined the evidence linking health inequality partnerships to outcomes and includes detailed information about all studies included.

Asthana et al (2002) draw on theory led approaches to develop a relatively simple framework to support the evaluation of partnership working.

### 5.3. What are the features of an effective partnership?

Research has identified the features of an effective partnership through review of the literature (e.g. Cameron et al, 2013) and engagement with stakeholders (e.g. Ling et al, 2012). Features influencing the success of partnership working have also emerged during research with a different focus (e.g. Powell et al, 2014). This body of evidence includes the perceptions of public service professionals about partnerships in general (e.g. Stewart et al, 2003); the perceptions of professionals about their own partnership (e.g. Hunter and Perkins, 2012) and interpretations of researchers based on case study research (e.g. Devine et al, 2011).

The volume of evidence relating to this issue is considerable. Of the 71 research studies reviewed, 54 included findings related to this question. Despite the wide range of approaches taken to elucidate and conceptualise features of partnership working, the extent of agreement within this literature is striking. Some overarching findings are:

- The ways in which different features of partnership contribute to outcomes is shaped by the ways in which they are operationalised. As Ling (2012:3) puts it “The barriers and facilitators (to partnership working) are often two sides of the same coin.”
- This in turn is shaped by contextual, structural and social factors (e.g. Hunter and Perkins, 2012).
- The position of a person within the partnership affects the way they view what is important for effective partnership working (Willis and Jeffares, 2012).
- There are no discernible differences in the relationship between partnership features and effectiveness across UK public service sectors.

The aim of this section is to distil this large body of evidence into an accessible form that enables readers to quickly see what needs to be in place when developing an effective partnership. The evidence was reviewed to identify features of partnership that were reported in at least two separate studies to contribute to either improved partnership working or improved final outcomes. These features were then grouped depending on whether they are inputs, processes and different levels of outcome and presented in a results chain (Diagram 1). The results chain has been developed drawing on an approach to theory based evaluation called contribution analysis, which is described in the appendix.

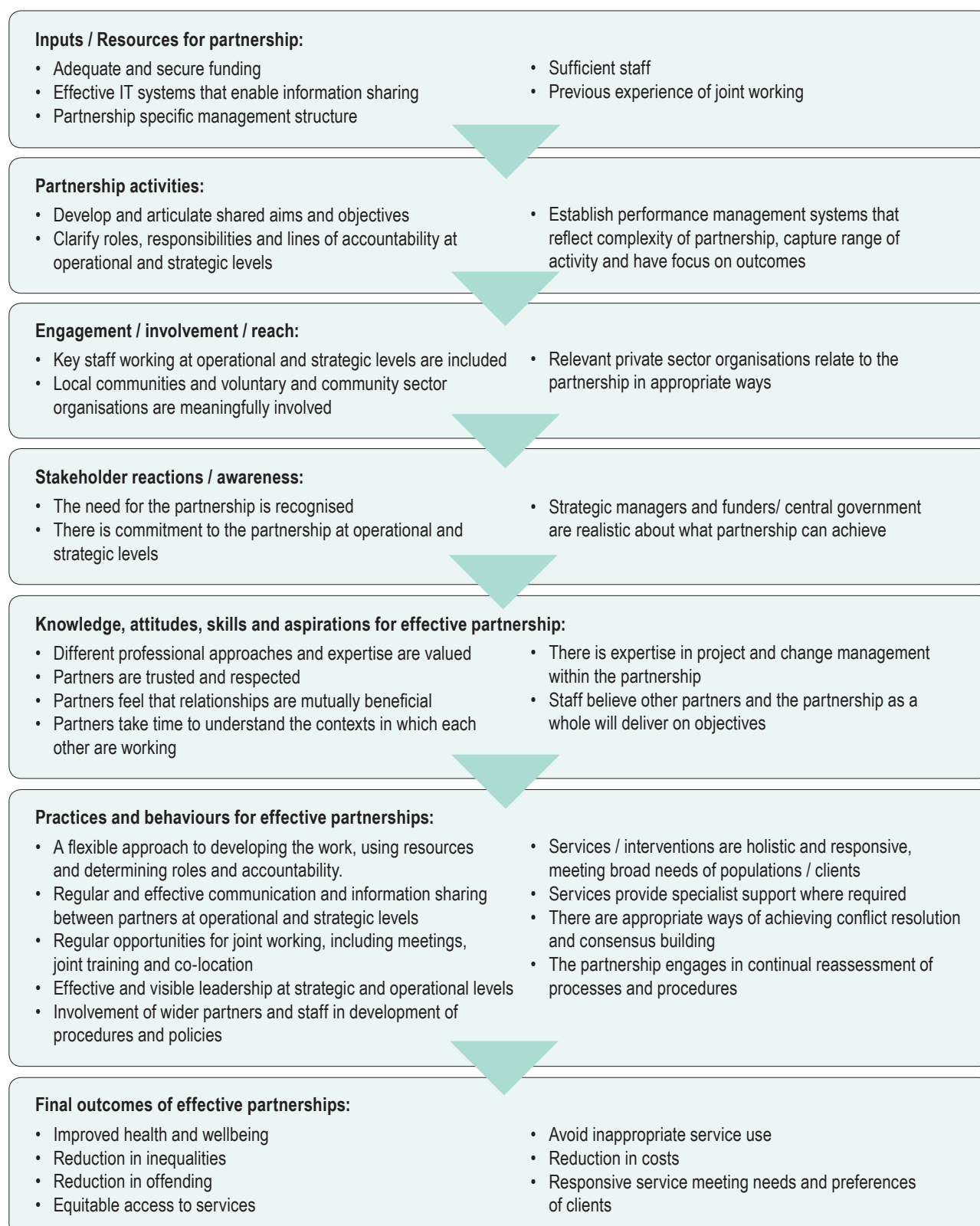
### Linking process to outcome

Analysing features of partnership in this way clearly shows the links between different features. For example one of the strongest findings in the literature is the importance of clarifying aims and objectives for the partnership (e.g. Dowling et al, 2004). Looking at the results chain, it becomes clear why this is important. Without clear aims and objectives, staff may not appreciate the need for the partnership and lose faith in the ability of the partnership to deliver. This chain of events was observed by Dickinson and Glasby (2010) in their case study of a failing partnership, which also found that in this case the aims and objectives bore little relation to the ones staff were seeking to deliver to people using the services. This research also showed that unrealistic expectations of the partnership and lack of clear performance management structure led to widespread disillusionment amongst partners who were unable to see any improvements in performance.

Partnerships are dynamic entities that change over time in relation to their organisational form, features and the social processes underpinning them (e.g. Lester et al, 2008). The results chain should be understood not just as a linear relationship between features, but also as a series of micro cycles. For example changes in practice both shape and are shaped by reactions of partners and their knowledge and skills. Powell et al (2014) found that trust between individual partnership workers increased over time and as the partnership started to yield results. By observing project meetings, the team found that as levels of trust and performance improved, so did the amount of information people shared across partner organisations, which in turn shaped engagement in the partnership. Indeed a finding implicit in much of the research reviewed in this review is that the capacity to reflect, develop and evolve is in itself an important feature of effective partnership working.

One of the most striking themes emerging from analysis of this results chain is the need for effective partnerships to develop clear structures and processes whilst allowing for flexibility, engagement and responsiveness. The absence of rigid targets and contractual relationships was identified as being central to the success of a partnership supporting people to return to work. The flexible partnership allowed professionals from different agencies to focus on working together to support clients as opposed to responding to local performance management and commissioning pressures (Lindsay et al 2008). Hunter and Perkins (2012) in their evaluation of partnership working in public health conclude that structures are less important than relational factors such as trust and goodwill. The importance of partnerships being able to understand and work with complexity has been emphasised widely (e.g. Sinclair, 2011).

Diagram 1: Effective partnership processes: evidence overview



### **Key findings**

- There is strong agreement within the research about the features of effective partnerships and these apply across UK public services.
- The features of effective partnership can be summarised in a results chain, showing what needs to be in place for a partnership to achieve the intended outcomes.
- Effective partnerships need to be both clear about their aims, objectives, roles and responsibilities and flexible and responsive in the way that they operate.

### **Talking points**

- Which of the features of effective partnership described are present in your partnership?
- What are the important relationships between these features?
- How would you define success for your partnership?

### **Further reading**

Atkinson et al (2007) in their accessible report provide a detailed synthesis of research on multi-agency working across sectors. They go onto describe implications for practice in detail.

The most recent review of features of effective partnership in health and social care is by Cameron et al (2013). This review includes detailed information about the evidence of links between specific partnership processes and outcomes.

Hunter and Perkins (2012) adopt a complex adaptive systems approach to examine public health partnerships and looks at the interplay of structural and social factors in shaping partnership effectiveness.

## 5.4. What factors influence partnership effectiveness?

**There are a number of high level, inter-related factors that have been shown across studies to influence partnership effectiveness.**

### Motivation for establishing the partnership

Having a good reason to develop the partnership is identified in a number of studies as critical to success. Partnerships that developed organically, because partners themselves identified the need for the partnership, have been found to be more robust (Hunter and Perkins, 2012) and to form in more complex and meaningful ways than partnerships formed directly in response to policy directives (Haynes and Lynch, 2013). Establishing a partnership because it is expected, or is what everyone else does has been linked with partnership failure (Dickinson and Glasby, 2010).

### Central Government

Central government has been an important driver for the development of many of the partnerships studied in this review (e.g. Ling et al, 2012). As has already been highlighted, partnership working as an approach has been strongly encouraged and indeed mandated across the four nations of the UK. In particular partnership approaches have been advocated to address the most 'wicked' and intractable problems that have not responded to single agency approaches, such as urban regeneration. The funding of pilot partnerships has been a central mechanism used by government to encourage this form of working. Lawless and Beatty (2013) in their study of centrally funded urban regeneration partnerships report relatively small budgets (given the scale of work to be accomplished), unrealistic objectives and tight timescales in which to deliver results as key barriers created by central government to effective partnership working in this context. This finding is echoed by Hunter and Perkins (2012) whose interviews with public health partnership leads identified interference from central government as a significant barrier to responding to local needs. Research carried out across 27 urban regeneration partnerships highlighted the effect that the national policy more broadly (for example around education and transport) has on local partnership success (Carley, 2010).

### Hierarchical vs collaborative organisational form

A clear finding from this research is that many partnerships that claim to operate through collective governance are in reality also shaped by hierarchical and/or market driven organisational forms (e.g. Marks, 2007). This finding comes across strongly in research into local area partnerships, which are often formed in response to mandates from

central government. Whitehead (2007) in his study of eight urban community partnerships identified a range of ways in which partnerships were structured that privileged local authority partners over other partners, including through the constitution of partnership management boards and the designation of a lead accountable body. The presence of such hierarchical mechanisms leads to less powerful partners feeling disenfranchised and lost within the partnership (Lamie and Ball, 2010) and in turn less likely to engage (McCreadie et al, 2008).

### Links between strategic and operational levels

The absence of good links between strategic and operational levels of a partnership has been shown to negatively impact on outcomes. The tendency to exclude voluntary and community sector partners from strategic decision making forums has been documented in several studies (e.g. Sinclair, 2011). Similarly research has found that workers across the partnership responsible for implementing decisions are often excluded from decision making processes (Whitehead, 2007). Kaehne (2013) study of the management of transitions for people with learning difficulties found that staff responsible for delivering on outcomes were systematically excluded from decision making, which was carried out at a strategic level. This led to decisions being taken without necessary information (for example about experiences of the young people supported by the partnership) which in turn led to the commissioning of inappropriate service.

### Engagement of the Third Sector

Third sector participation has been found to bring authenticity and increased efficiency to a partnership (Corcoran and Fox, 2012) as well as information, new ideas and the ability to deliver on the ground (Sinclair, 2011). The full and equal participation of this sector is shaped not just by the hierarchical pressures outlined above, but also by funding issues (Cemlyn et al, 2005), perceptions of the voluntary sector as being amateur (Lester et al 2008) and short term performance targets that fail to capture the longer term benefits of work with communities (Harvie and Manzie, 2011). Ensuring that third sector engagement is inclusive of the diverse interests of that sector is a key challenge for partnership working (Cemlyn et al, 2005). Sinclair (2011) found that those third sector organisations that mirrored their public sector partners most closely had the most influence.

### Power

An overarching factor running through all of the research outlined above is power. Partnership is a collaborative process, requiring ongoing dialogue, trust and ownership to operate effectively. The research reviewed indicates major structural impediments to the equitable distribution

**Table 1. Conditions for effective partnership working: assumptions and risks**

Assumptions	Risks
<ul style="list-style-type: none"> <li>• This is a partnership</li> <li>• Partnership is the appropriate form of organisation to address this issue</li> <li>• There is a clear need and rationale for the partnership</li> <li>• There are shared understandings of final outcomes</li> <li>• The partnership has sufficient autonomy and authority to make decisions</li> <li>• All partners are involved in clarifying direction and decision making</li> <li>• There is effective power sharing across the partnership</li> <li>• There are sufficient resources to deliver on objectives</li> <li>• Timeframes are realistic</li> </ul>	<ul style="list-style-type: none"> <li>• Term 'partnership' used cynically to mask hierarchical arrangements</li> <li>• Partnership formed naively as it seems the right thing to do</li> <li>• No clear sense of purpose and outcomes</li> <li>• Programme of work complex and unwieldy</li> <li>• Not all partners involved in decision making and agreeing direction of partnership</li> <li>• Voluntary and community sector excluded and marginalised</li> <li>• Operational staff excluded from strategic decision making</li> <li>• Work of the partnership dominated by performance management reporting requirements</li> <li>• Lack of ownership amongst partners</li> </ul>

and use of power within partnerships. The way in which this shapes the partnership context is summarised in relation to the risks and assumptions identified within the research literature as underpinning effective partnership working in Table 1. above.

**Practical implications: leadership, governance and performance management**

Review of the assumptions and risks underpinning effective partnership working highlights the need for effective leadership, governance and performance management in developing and maintaining partnerships. This is a strong finding across the literature as a whole. Given the complex and interwoven nature of the factors outlined above, it is not surprising that the evidence outlining specific leadership, governance and performance management practices associated with effective partnership is scant. Kelman et al's (2012) review of management practices within partnership found that good management was central to good collaborative management and that robust single agencies were key to effective partnership. A number of

studies have documented in detail ineffective practices (e.g. Cole and Cotterill, 2015; Ellis et al, 2007); however none of these studies attribute failure to any one specific practice and instead point to the coalescence of a range of different difficulties (captured in the risks summarised in Table 1).

It is clear from the literature that the terrain in which many partnerships operate is cluttered, with new partnership regimes being established on top of and alongside existing systems. Within such a context partnership objectives can easily get lost or deprioritised (e.g. Harvie and Manzie, 2011) with organisations reverting back to established roles. Hunter and Perkins (2012) found that centrally imposed performance management requirements acted as a major barrier to effective partnership, as partners devolved specific tasks to the agency required to deliver against performance measures in this area. As already highlighted a key challenge for partnerships is to develop robust and meaningful systems of leadership, governance and performance management that allow a partnership to work responsively and flexibly.



### Key findings

- The transparent and equitable distribution of power within partnerships is arguably the most important factor shaping partnership effectiveness.
- Research has identified a range of systemic barriers to the equitable distribution of power, including the dominance of local and central government within many partnerships.
- These factors in turn shape the links between strategic and operational levels of partnerships and the engagement of third sector organisations.

### Talking points

- How are power differentials experienced in your partnership? What are the processes by which the power of different partners is shared or reinforced?
- What can be done to ensure that all partners have a voice in decision making and ownership of the outputs and outcomes of the partnership?
- How is the effectiveness of your partnership shaped by the context within which it operates? Issues to consider include: relationships between partners, funding arrangements, statutory responsibilities, demography and environmental issues.

### Further reading

- Whitehead's (2007) study provides a detailed description of the ways in which partnership structures are used to exert power and authority within 8 urban regeneration partnerships.
- Kaehne (2013) explores the impact of the split between operational and strategic decision making on partnership effectiveness.
- Dickinson and Glasby (2010) draw on a case study of a failing partnership to explore common pitfalls of partnership working in UK public services.

## 5.5. What does the evidence tell us about how to improve partnership working across UK public services?

The evidence included in this review shows that effective partnership working is the result of a complex interplay between different features of partnership and structural, cultural and social factors. Therefore good partnership working is not just about the structures and processes that are in place, but also how they are enacted. This demands that any attempt to improve partnership working embraces and reflects this complexity and recognises the pressures that partnership places on those working within them (Huxham and Vangen, 2000; Williams, 2002).

Whilst many studies included in this review make recommendations for improving partnership working, very little research addresses this issue empirically. Research that does exist looks at collaborative programmes of training and education and organisational learning from evaluation.

### Professional development

Two papers report findings from evaluations of training programmes in collaborative leadership. Mann et al (2004) present findings from a postgraduate programme that supported professionals from a range of sectors to learn jointly in action learning sets. Meaklim and Sims (2011) report on a training programme to equip senior professionals in the police force and partner agencies for collaborative leadership. Both programmes placed an emphasis on critical thinking and reflection as opposed to specific skill development. Benefits reported from the programmes include: increased understanding of how people from other agencies think and act; increased confidence at negotiating and influencing across partnerships; increased understanding of complexity and increased trust between participants from different agencies (Mann et al, 2004; Meaklim and Sims, 2011). The value participants placed on the opportunity to engage in inter-professional learning was highlighted by Meaklim and Sims (2011).

The adoption of a critical and reflective approach to professional education fits well not just with the findings

of this review, but also with research on the practice of partnership working from an individual perspective. Williams (2002) through review of the literature and engagement with staff working across operational boundaries identified a range of competencies of an effective boundary spanner. These are: building sustainable relationships, managing through influence and negotiation, managing complexity and interdependencies, managing roles, accountabilities and motivations. This research highlights the nuanced and complex nature of the boundary spanning role requiring both judgement and the authority to make decisions. Practitioners have reported that access to facilitated group reflective spaces helps them negotiate such roles (Armistead and Pettigrew, 2004).

### Learning from evaluation

Two studies included in this review employed systematic processes of partnership evaluation and sought to use the findings from this work for partnership improvement

(Ellis et al 2007 and Lamie and Ball, 2010). Lamie and Ball conducted evaluation of a community planning partnership using an established partnership assessment tool. The findings of this evaluation were presented to staff and focus groups were organised to enable partners to reflect on findings and specify actions. This process led to a number of specific changes in partnership process.

A more detailed approach to supporting partnership improvement was applied by Ellis et al (2007) in the context of a crime and disorder reduction partnership. The team used an approach called system failure method which involved working with partners to map their current systems in relation to an idealised system. This process informed an extended process of reflection and service improvement. The researchers report that the performance of the partnership in relation to crime reduction targets improved in the year following this intervention, both in absolute terms and relative to peers.

### Key findings

- Empirical evidence around partnership improvement is very limited and further research is required.
- Successful approaches to partnership improvement engage with complexity, support staff to reflect critically on policies and practice and develop enhanced understanding.
- Learning with peers from different partner organisations supports staff to develop understanding of the cultures and contributions of different partners and increases their confidence in working across agencies.

### Talking points

- How does your partnership currently support staff to develop the skills to work and lead in partnership?
- How could you use the evidence from this review to help you improve your partnership?

### Further reading

- An updated competency framework for boundary spanners building on a decade of research was published in 2013 by Paul Williams in the International Journal of Public Sector Management.

## 6. Conclusion

This report reviews the empirical literature on partnership working in UK public services to answer five questions:

- How is partnership working defined and conceptualised?
- How is the success of partnership working evaluated?
- What are the features of effective partnerships?
- What factors influence partnership effectiveness?
- How can partnerships be improved?

Despite the methodological challenges of conducting robust evaluation work in this area, the findings of this review are surprisingly clear. Whilst there is little evidence to link partnership processes to improved outcomes, the features that contribute to effective partnerships are well known. Furthermore, there is considerable consensus around the major challenges to developing partnerships in this context.

Integral to the context in which UK public service partnerships operate are a number of structural and social barriers to building effective partnerships. Effective partnerships are transparent, inclusive, flexible and responsive to the needs of partners and people who use services. Unequal distribution of power and ongoing tensions between hierarchical and collaborative forms of governance make partnership working difficult in this context.

Whilst many of the issues shaping partnership are relatively intractable, the solutions are clear. Standardised, 'one size fits all' approaches will not deliver in this context. Effective partnerships require public service leaders who understand and engage with the different pressures on partnership to navigate the best route through what at times will be inevitably difficult terrain. Staff need to be supported to work in these complex environments and to find their own path through competing agendas. The results chain and assumptions and risks presented in this review should be an aid to achieve this.

## 7. Appendix

### 7.1 About What Works Scotland

What Works Scotland aims to improve the way local areas in Scotland use evidence to make decisions about public service development and reform. We are working with Community Planning Partnerships involved in the design and delivery of public services (Aberdeenshire, Fife, Glasgow and West Dunbartonshire) to:

- learn what is and what isn't working in their local area

- encourage collaborative learning with a range of local authority, business, public sector and community partners
- better understand what effective policy interventions and effective services look like
- promote the use of evidence in planning and service delivery
- help organisations get the skills and knowledge they need to use and interpret evidence
- create case studies for wider sharing and sustainability

A further nine areas are working with us to enhance learning, comparison and sharing. We will also link with international partners to effectively compare how public services are delivered here in Scotland and elsewhere. During the programme, we will scale-up and share more widely with all local authority areas across Scotland.

WWS brings together the Universities of Glasgow and Edinburgh, other academics across Scotland, with partners from a range of local authorities and:

- Glasgow Centre for Population Health
- Healthcare Improvement Scotland
- Improvement Service
- Inspiring Scotland
- IRISS (Institution for Research and Innovation in Social Services)
- Joint Improvement Team
- NHS Health Scotland
- NHS Education for Scotland
- SCVO (Scottish Council for Voluntary Organisations)

[www.whatworksscotland.ac.uk](http://www.whatworksscotland.ac.uk)

What Works Scotland is funded by the Economic and Social Research Council and the Scottish Government.

### 7.2 How the review was carried out

#### About the Evidence Bank for public service reform

The Evidence Bank provides appraised, accessible and action-oriented reviews of existing evidence for What Works Scotland, in response to policy and practice-related research questions. The Evidence Bank evidence review process was used to produce this evidence review. The process has been developed within policy and practice contexts and builds on methods developed by CRFR (Centre for Research on Families and Relationships) to address well-documented issues around using evidence including accessibility, relevance, and timeliness.

Reviews are conducted within a limited time-period in order to provide timely responses. Due to the timescale, the purpose of reviews, resources available, and the types of evidence and variety of sources that are drawn on in addressing policy and practice research questions, the Evidence Bank does not conduct systematic reviews or meta-analyses. The Evidence Bank review process is informed by a range of review methods including systematic review, rapid realist review, and qualitative synthesis. The approach aims to balance robustness with pragmatism to open up the evidence base for public and third sector services. Evidence reviews are peer reviewed by an academic expert and user-reviewed by an expert working in the relevant field.

**How evidence was gathered and reviewed**

**Key sources searched:** Evidence was sourced using the Searcher Discovery Service of the University of Edinburgh library to run searches for records published between 2000 – July 2015 across a range of library databases, e-journals, e-books, and library catalogues, using various combinations of the agreed terms.

- 31 rounds of searches using combinations of search terms were run in total
- 5813 articles were screened in an initial scoping stage
- 551 articles were selected as possibly relevant
- A second scoping phase screened article abstracts; exclusions made reduced the possibly relevant total to 123
- The final evidence review consists of 60 peer reviewed articles and 11 from grey literature

**Key words:** Searches were conducted using combinations of:

**Grey literature** was scoped through Google searches using agreed search terms and through specific organisational websites including:

- Joseph Rowntree Foundation
- Institute for Research and Innovation in Social Services (IRISS)
- Scottish Third Sector Research Forum (STSRF)\*
- Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO)
- Social Services Knowledge Scotland (SSKS)
- Social Policy Research Unit, York University
- Institute for the Study of Children, Families & Social Issues
- Centre for Health Innovation, Leadership and Learning, University of Nottingham
- Social Care Institute for Excellence (SCIE)
- Health Services Management Centre (HSMC)
- Demos
- Centre for Education and Equity, University of Manchester
- Robert Owen Centre for Educational Change
- Association of Directors of Children’s Services (ADCS)
- Social Work Scotland
- Association of Directors of Adult Services

\*at the time the grey literature search was undertaken the STSRF website was inaccessible.

Horizontal descriptors	Benefits/limitations	Type of partnership	Conditions/mechanisms for Functioning
Partner*	Gain	Formal	Factors
Collaborat*	Advantage	Informal	Effective
Cooperat*	Inertia	Mandated	Conditions
Joint working	Control	Public sector	Relational Trust
Cross sector*	Shared	Voluntary sector	Success
Multi-agency		Community sector	Barriers
Inter-agency		Operational	Outcome
Multi-practitioner		Strategic	Performance
Multiple stakeholder		Thematic	Account*
Interorganisational		Community planning	Evaluat*
Inter-organisational			Evidence

**Research summary:**

*Distribution of evidence by country*

Nation	Peer reviewed	Grey
Cross national	13	7
England	31	4
Scotland	6	
Wales	1	
Northern Ireland	2	
Not specified	7	
Total	60	11

*Distribution of evidence by sector*

Sector	Peer Reviewed	Grey
Children	5	1
Community safety (includes domestic abuse, crime reduction and drug prevention)	9	0
Local area, (includes community planning, regeneration, local government)	10	3
Cross sector	2	5
Employment	2	0
Environment	2	0
Health and social care	17	2
Public health	12	0
Tourism	1	0
Total	60	11

*Distribution of evidence by type of data*

Type of Evidence	Peer review	Grey
Qualitative	41	2
Quantitative	4	0
Mixed Method	8	5
Review	7	4
Total	60	11

**Research standards:**

To ensure high quality, a critical appraisal process was applied.

Literature published in peer-reviewed journals was judged as having met the quality threshold, though papers were excluded if they did not articulate methods used to collect data.

To quality review other data critical appraisal criteria for qualitative research was drawn on.

Any limitations in methodology and robustness of findings are highlighted.

The draft report was peer reviewed and user reviewed.

**Inclusion and exclusion criteria:**

At the beginning of the searching stage of the review, the decision was made to exclude evidence in any language except English and evidence focusing on geographic regions too different from the Scottish context socially, culturally, politically, and economically.

Additional exclusion criteria related to the topic, included,

- Private Public Partnerships,
- Citizen Participation Partnerships (e.g. Resident Neighbourhood Partnerships)
- Publications not meeting inclusion criteria

**Further inclusion and exclusion criteria were further developed by the WWS research team:**

*Inclusion criteria*

- Peer reviewed papers and grey literature based on empirical research on partnership working in the context of UK public services.
- Peer reviewed papers and grey literature conducting systematic or semi systematic reviews of empirical research on partnership working in the context of UK public services
- Peer review papers and grey literature reporting empirical research internationally in such a way that data collected in the UK could be individually appraised.
- Peer review papers present findings of relevance to one of the five questions underpinning the review.

*Exclusion criteria*

- Papers not reporting data collected empirically within UK public services, including commentary, theoretical papers, methodological discussions and opinion pieces.
- Papers claiming to be drawing on empirical data where there is no clear articulation of research questions and methods.

**Data extraction and recording:**

*Data recording:* Data included in the evidence review was recorded in an evidence log

*Data extraction:* Data was extracted using a three-stage process. In stage one, all papers were read and key features and links with the research questions were identified. Then groups of papers addressing the specific questions were reviewed together and key findings and issues recorded narratively. Finally a sample of papers identified as particularly important were re-read closely to ensure both

specific findings and the overall arguments developed in the review were closely supported by research.

*Relevance checking:* Feedback was sought from relevant WWS colleagues to ensure relevance and accessibility; and from relevant experts working within the field.

*Dates of searches:* the review was conducted March – September 2015

### 7.3 Contribution analysis

Contribution analysis provides a framework to understand the relationship between inputs, processes and outcomes within a complex system, such as a partnership (e.g. Mayne, 2008). Evidence from a range of sources – in this case research included in this review – is gathered together to develop a results chain. This shows not just the features of partnership that need to be present at every stage in the process to deliver good outcomes, but also the attendant assumptions and risks. Central to the process of contribution analysis is the understanding that outcomes are not the result of any one feature or intervention, but arise due to a range of factors. Therefore this approach does not seek to attribute outcomes to specific features of partnership, but instead understand the contribution of these features to outcomes.

Contribution analysis is an approach that can be operationalised in a range of different ways. The approach taken in this review follows a format used for the What Works Scotland programme as a whole. Features of partnership working are summarised in a results chain linking inputs and activities to outputs and outcomes and explicitly includes the reactions, knowledge and attitudes of those involved. The risks and assumptions associated with each step in the chain are explored.

### 7.4 Acknowledgements

This report was produced by the Evidence Bank in response to issues raised by What Works Scotland partners.

**Research team:** Dr Ailsa Cook, Director, Outcome Focus (lead researcher and author); Tamara Mulherin (research assistant); Karen Seditas (Evidence Bank lead, review co-ordinator, editor).

**Peer reviewer:** Dr Adina Dudau, Lecturer in Management (Management), Adam Smith Business School, University of Glasgow

**User reviewer:** Kate Bell, Change and Innovation Manager, NHS Lanarkshire

Additional comments were provided by Dr Oliver Escobar and Dr Sarah Morton (What Works Scotland co-directors); Dr James Henderson (What Works Scotland Research Associate)

### 7.5 References

Atkinson, M., Jones, M. & Lamont, E., (2007), Multi-agency working and its implications for practice: A review of the literature, National Foundation for Educational Research.

Armistead, C., & Pettigrew, P. (2004). Effective partnerships: building a sub-regional network of reflective practitioners. *International Journal of Public Sector Management*, 17(7), 571-585.

Asthana, S., Richardson, S., & Halliday, J. (2002) 'Partnership working in public policy provision: a framework for evaluation', *Social Policy and Administration*, 36(7), pp. 780-95.

Barton, H., & Valero-Silva, N. (2013). Policing in partnership: a case study in crime prevention. *International Journal of Public Sector Management*, 26(7), 543-553.

Beech, R., Henderson, C., Ashby, S., Dickinson, A., Sheaff, R., Windle, K., Wistow, G. and Knapp, M. (2013), Does integrated governance lead to integrated patient care? Findings from the innovation forum. *Health & Social Care in the Community*, 21: 598–605.

Bennet, H; Bland, N; Bruner, R; Bynner, C; Cook A and Henderson, J. (2015) Report of Collaborative Action Research Retreat held June 2015. What Works Scotland. <http://whatworksscotland.ac.uk/wp-content/uploads/2015/10/WWS-Report-of-Retreat-in-June-2015.pdf>

Best, D., Walker, D., Aston, E., Pegrem, C. and O'Donnell, G. (2010) Assessing the impact of a high-intensity partnership between the police and drug treatment service in addressing the offending of problematic drug users. *Policing and Society: An International Journal of Research and Policy*. 20 (3): 358-369.

Cameron, A; Lart, R; Bostock, L and Coomber, C (2013) Factors that promote and hinder joint and integrated working between health and social care services: a review of research literature. *Health and Social Care in the Community*. Doi:10.1111/hsc.12057.

Carley, M., (2010), Urban partnerships, Governance and the Regeneration of Britain's Cities. *International Planning Studies* 5 (3): 273 – 297.

Cemlyn, S., Fahmy, E., & Gordon, D. (2005). Poverty, Neighbourhood Renewal and the Voluntary and Community Sector in West Cornwall. *Community Development Journal*, 40(1), 76-85.

- Cole, M., & Cotterill, L. (2005). UK Health Action Zones: Political Accountability and Political Marketing-- Perspectives from the South West. *Urban Studies*, 42(3), 397-416.
- Collins, F., & McCray, J. (2012). Partnership working in services for children: Use of the common assessment framework. *Journal of Interprofessional Care*, 26(2), 134-140.
- Corcoran, M., & Fox, C. (2012). A seamless partnership? Developing mixed economy interventions in a non-custodial project for women. *Criminology and Criminal Justice*, 13(3), 336-353.
- Currie, G., Finn, R., and Martin, G. (2008). Accounting for the dark side of new organizational forms: The case of healthcare professionals. *Human Relations* 61 (4): 539-564.
- Devine, A., Boyle, E., & Boyd, S. (2011). Towards a theory of collaborative advantage for the sports tourism policy arena. *International Journal of Public Sector Management*, 24(1), 23-41.
- Dickinson, H and Glasby, J (2010) Why partnership working doesn't work. Pitfalls, problems and possibilities in English health and social care. *Public Management Review* 12 (6): 811-828.
- Dowling, B., Powell, M. and Glendinning, C. (2004) Conceptualising successful partnerships, *Health and Social Care in the Community*, 12 (4): 309-17.
- Edwards, W.J., Goodwin, M., Pemberton, S. and Woods, M. (2000) Partnership working in rural regeneration. *Governance and empowerment? Bristol: Policy Press*
- Ellis, E., Fortune, J., & Peters, G. (2007). Partnership Problems: Analysis and Re-Design. *Crime Prevention and Community Safety*, 9 (1), 34-51.
- Elston, J., & Fulop, N. (2002). Perceptions of partnership. A documentary analysis of Health Improvement Programmes. *Public Health*, 116: 207-213
- Evans, D., & Killoran, A. (2000). Tackling health inequalities through partnership working: learning from a realistic evaluation. *Critical Public Health*, 10 (2), 125-140.
- Freeman, T. & Peck, E., (2006) 'Evaluating partnerships: a case study of integrated specialist mental health services', *Health and Social Care in the Community*, 14 (5), 408-417.
- Gleave, R., Wong, I., Porteus, J. & Harding, E. (2010) What is 'More Integration' between Health and Social Care? Results of a Survey of Primary Care Trusts and Directors of Adult Social Care in England, *Journal of Integrated Care*. 18 (5): 29 – 44.
- Greasley, K., Watson, P and Patel, S. (2008) The formation of public-public partnerships: A case study examination of collaboration on a "back to work" initiative. *International Journal of Public Sector Management* 21 (3): 305-313.
- Harvie, P., & Manzi, T. (2011). Interpreting Multi-Agency Partnerships: Ideology, Discourse and Domestic Violence. *Social & Legal Studies*, 20(1), 79-95.
- Hayes SL, Mann MK, Morgan FM, Kelly MJ, Weightman AL. (2012) Collaboration between local health and local government agencies for health improvement. *Cochrane Database of Systematic Reviews*, Issue 10. DOI: 10.1002/14651858.CD007825.pub6
- Haynes, G. & Lynch, S. (2013). Local partnerships: blowing in the wind of national policy changes. *British Educational Research Journal*, 39(3), 425-446.
- Heenan, D. and Birrell, D. (2006), *The Integration of Health and Social Care: The Lessons from Northern Ireland*. *Social Policy & Administration*, 40 (1): 47–66.
- Huby, G., & Rees, G. (2005). The effectiveness of quality improvement tools: joint working in integrated community teams. *International Journal for Quality in Health Care*, 17(1), 53-58.
- Hunter, D., & Perkins, N. (2012). Partnership working in public health: the implications for governance of a systems approach. *Journal of Health Services Research & Policy*, 17(s2): 45-52.
- Huxham, C., & Vangen, S. (2000). Ambiguity, complexity and dynamics in the membership of collaboration. *Human Relations*, 53(6): 771-806.
- Kaehne, A. (2013). Partnerships in Local Government: The case of transition support services for young people with learning disabilities. *Public Management Review*, 15(5): 611-632.
- Kelman, S., Hong, S., & Turbitt, I. (2013). Are There Managerial Practices Associated with the Outcomes of an Interagency Service Delivery Collaboration? Evidence from British Crime and Disorder Reduction Partnerships. *Journal of Public Administration Research and Theory*, 23(3): 609-630.
- Lamie J & Ball R (2010) Evaluation of partnership working within a community planning context, *Local Government Studies*, 36 (1): 109-127.
- Lawless, P., & Beatty, C. (2013). Exploring change in local regeneration areas: evidence from the New Deal for Communities Programme in England. *Urban Studies* 50 (5): 942.
- Lester, H., Birchwood, M., Tait, L., Shah, S., England, E., & Smith, J. (2008). Barriers and facilitators to partnership working between Early Intervention Services and the voluntary and community sector. *Health & Social Care in the Community*, 16 (5), 493-500.
- Lindsay, C., McQuaid, R. W., & Dutton, M. (2008). Inter-agency Cooperation and New Approaches to Employability. *Social Policy & Administration*, 42(7), 715-732.

- Ling T, Brereton L, Conklin A et al (2012) Barriers and facilitators to integrating care: experiences from the English Integrated Care Pilots, *International Journal of Integrated Care* 12 URN:NBN:NL:UI:10-1-113730 / ijic2012-129
- Lunts, P., (2012) Change management in integrated care: what helps and hinders middle managers – a case study *Journal of Integrated Care* 20 (4) :246 – 256.
- Mann, P., Pritchard, S. and Rummery, K. (2004) 'Supporting inter-organisational partnerships in the public sector' in *Public Management Review*, 6 (3) : 417-439.
- Marks, L. (2007). Fault-lines between policy and practice in local partnerships. *Journal Of Health Organization And Management*, 21(2), 136-148.
- McCreadie, C., Mathew, D., Filinson, R., & Askham, J. (2008). Ambiguity and Cooperation in the Implementation of Adult Protection Policy. *Social Policy & Administration* 42 (3): 248-266
- MacDonald, K., (2003), *Methods of learning and development in regeneration partnerships*, Joseph Rowntree Foundation.
- Mayne, J., 2008, *Contribution analysis: An approach to exploring cause and effect*. ILAC Brief 16. [http://www.cgilarilac.org/files/publications/briefs/ILAC\\_Brief16\\_Contribution\\_Analysis.pdf](http://www.cgilarilac.org/files/publications/briefs/ILAC_Brief16_Contribution_Analysis.pdf)
- Meaklim, T., & Sims, J. (2011). *Leading Powerful Partnerships - a new model of public sector leadership development*. *International Journal of Leadership in Public Services*, 7(1), 21-31.
- Ndumbe-Eyoh, S., & Moffatt, H. (2013). *Intersectoral action for health equity: a rapid systematic review*. *Bmc Public Health*, 13, 1056-1056.
- Pavis, S., Constable, H., & Masters, H. (2003). *Multi-agency, multi-professional work: experiences from a drug prevention project*. *Health Education Research*, 18(6), 717-728.
- Petch, A; Cook, A and Miller, E (2013) *Partnership working and outcomes: do health and social care partnerships deliver for people using services*. *Health and Social Care in the Community*. 21 (6): 623-633.
- Percy-Smith, J., (2006) *What Works In Strategic Partnerships For Children: research review*. *Children and Society* 20 :313-323
- Powell, K., Thurston, M., & Bloyce, D. (2014). *Local status and power in area-based health improvement partnerships*. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine*, 18(6), 561-579.
- Rees, J., Mullins, D. & Bovaird, T. (2011), *Third sector partnerships for service delivery: an evidence review and research project*, Third Sector Research Centre.
- Robertson, H. (2011), *Integration of health and social care - A review of literature and models Implications for Scotland*, Royal College of Nursing Scotland.
- Russell, H., (2001), *Local strategic partnerships: Lessons from New Commitment to Regeneration*, Joseph Rowntree Foundation.
- Sheaff, R., Windle, K., Wistow, G., Ashby, S., Beech, R., Dickinson, A., Knapp, M. (2014). *Reducing emergency bed-days for older people? Network governance lessons from the 'Improving the Future for Older People' programme*. *Social Science & Medicine*, 106, 59-66.
- Sherlock, K. L., Kirk, E. A., & Reeves, A. D. (2004). *Just the usual suspects? Partnerships and environmental regulation*. *Environment & Planning C: Government & Policy*, 22(5), 651-666.
- Sinclair, S. (2011). *Partnership or Presence? Exploring the Complexity of Community Planning*. *Local Government Studies*, 37(1), 77-92.
- Slater, R., Frederickson, J., Thomas, C., Wiold, D., & Potter, S. (2007). *A critical evaluation of partnerships in municipal waste management in England*. *Resources, Conservation & Recycling*, 51(3), 643-664.
- Smith, K., Bamba, C., Joyce, K.E., Perkins, N., Hunter, D.J. and Blenkinsopp, E. (2009) 'Partners in health? A systematic review of the impact of organizational partnerships on public health outcomes in England between 1997 and 2008', *Journal of Public Health*, 31, (2): 210–21.
- Stewart, A., Petch, A., & Curtice, L. (2003). *Moving towards integrated working in health and social care in Scotland: from maze to matrix*. *Journal of Interprofessional Care*, 17 (4), 335-350.
- Stuart, K. (2012). *Leading multi-professional teams in the children's workforce: an action research project*. *International Journal of Integrated Care*, 12. URN:NBN:NL:UI:10-1-101701 / ijic2012-1
- Sullivan, H., Barnes, M., & Matka, E. (2002). *Building Collaborative Capacity through 'Theories of Change'*. *Evaluation*, 8(2), 205.
- Sullivan, H., Barnes, M., & Matka, E. (2006). *COLLABORATIVE CAPACITY AND STRATEGIES IN AREA-BASED INITIATIVES*. *Public Administration*, 84(2), 289-310.
- Taylor-Robinson, D. C., Lloyd-Williams, F., Orton, L., Moonan, M., O'Flaherty, M., & Capewell, S. (2012). *Barriers to Partnership Working in Public Health: A Qualitative Study*. *PLoS ONE*, 7(1), 1-8.
- University of East Anglia, (2005), *Children's trusts: developing integrated services for children in England: national evaluation of children's trusts: phase 1 interim report*. Department for Education and Skills.



- Warmington, P., Daniels, H., Edwards, A., Brown, S., Leadbetter, J., Martin, D. & Middleton, D., (2004), *Interagency Collaboration: a review of the literature*, Learning in and for Interagency Working Project, University of Bath.
- Whitehead, M., *The architecture of partnerships: urban communities in the shadow of hierarchy*. *Policy and Politics*, 35(1), January 2007, pp.3-23.
- Wilkinson, M. & Craig, G. (2002), *Local authority members and partnership working*, Joseph Rowntree Foundation.
- Williams, I. (2009). *Offender health and social care: a review of the evidence on inter-agency collaboration*. *Health & Social Care in the Community*, 17(6), 573-580.
- Williams, P. (2002). *The competent boundary spanner*. *Public Administration* 80(1), 103-124.
- Williams, P. (2012) "Integration of Health and Social Care: a case of learning and knowledge management" *Health and Social Care in the Community*, 20 (5): 550-560.
- Williams, P. (2013) *We are all boundary spanners now?* *International Journal of Public Sector Management*. 26 (1): 17-32.
- Willis, M., Jeffares, S. (2012) *Four viewpoints of whole area public partnerships*. *Local Government Studies* 38 (5): 539-556.
- Windle K, Wagland R, Forder J, D'Amico F, Janssen J, Wistow G (2009)
- National Evaluation of Partnerships for Older People Projects: Final Report
- PSSRU Discussion Paper 2700, University of Kent.

