Explicating the role of partnerships in changing the health and well-being of local communities in urban regeneration areas: evaluation of the Warnwarth conceptual framework for partnership evaluation

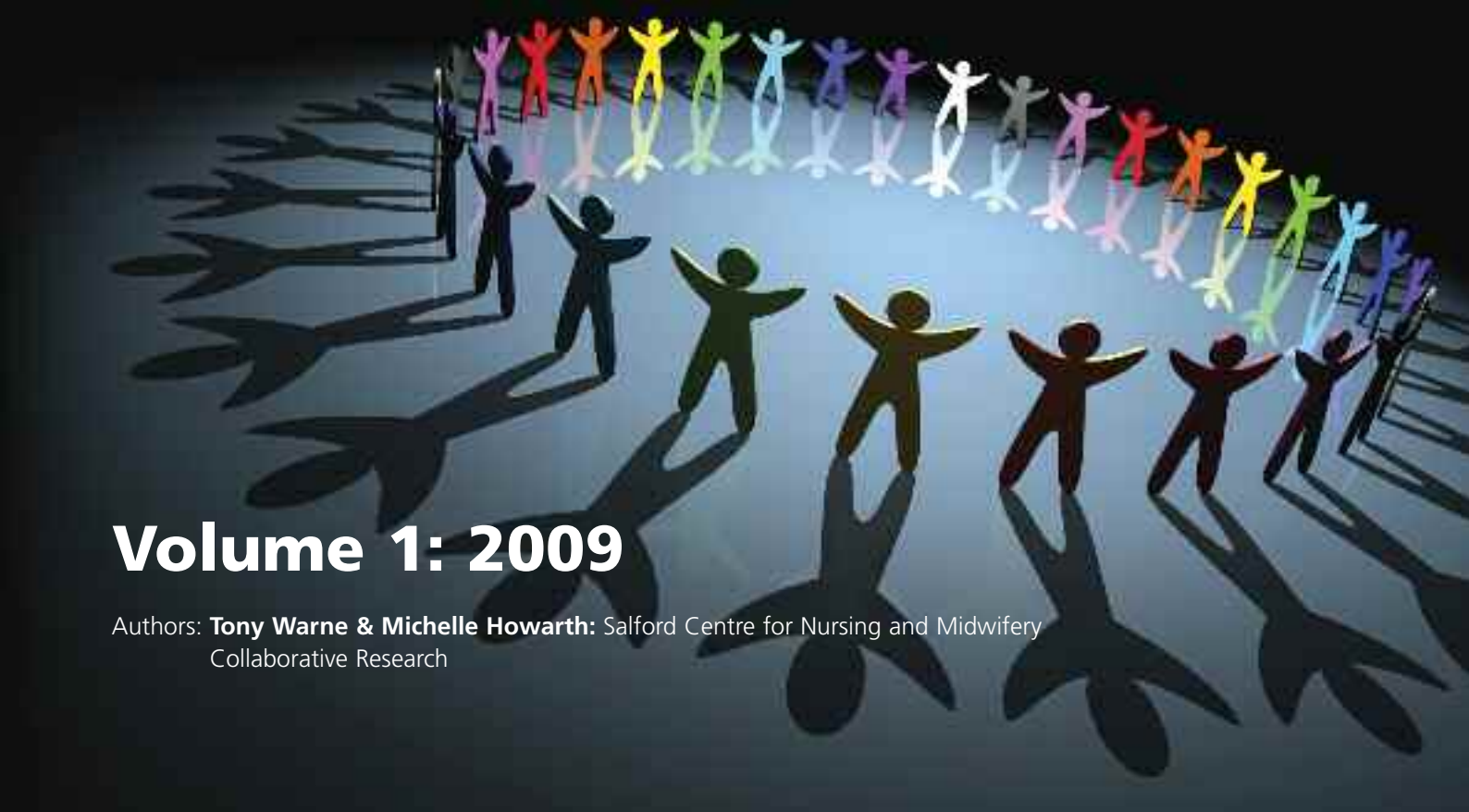
Warne, T and Howarth, ML

URBANregeneration
making a difference

HIGHER EDUCATION FUNDING COUNCIL FOR ENGLAND hefce

Explicating the role of partnerships in changing the health and well-being of local communities in urban regeneration areas:

Development of the Warnwarth Conceptual Framework for Partnership Evaluation



Volume 1: 2009

Authors: **Tony Warne & Michelle Howarth:** Salford Centre for Nursing and Midwifery Collaborative Research

Contents

The Project Context

Introduction

This literature review is one of three outputs from a project : Explicating the role of partnerships in changing the health and well-being of local communities, one of a number of projects in a larger Higher Education Funding Council Strategic Development Fund project (HEFCE) entitled: Urban Regeneration: Making a Difference. This was a collaborative venture between Manchester Metropolitan University, Northumbria University, University of Salford and University of Central Lancashire. Bradford University was an affiliated partner.

This overarching project had two aims:

- To address key urban regeneration challenges in the North of England through inter-disciplinary collaboration between the partner universities and practitioner organisations, particularly in the public and voluntary sectors, and to enhance their collective impact on society
- To build a long term strategic alliance between core university partners while developing a distinctive form of knowledge transfer (KT), which is both teaching and research-driven, in order to meet the needs of organisations and professionals in business and the community

Four thematic areas were identified, which reflect important issues in the regeneration of the North of England and map on to the breadth and depth of expertise amongst the university partners and an existing firm base of collaboration with external organisations. One university led on each theme, but every university contributed to each theme. The themes were: Crime, Community Cohesion, Health and well-being and Enterprise . (http://regennorth.co.uk)

Health and Well-Being Theme

The North of England has some of the worst health profiles in the UK, with startling inequalities in the health experience of different population groups as defined by geographical and social group. Relative proportions of deaths from cancer, heart disease and stroke in particular, have been rising in recent years. Rates of long-standing physical and mental health are also high compared with other parts of the country.

These patterns are manifestations of the degree of well-being in the community, which is affected by a wide range of factors, including housing, poverty, transport, employment etc, covering the whole spectrum of regeneration issues. Availability for work is a natural consequence of health and well-being, with some parts of the North having amongst the highest figures of worklessness in the UK.

Whilst the public sector is the mainstream provider of support, through the National Health Service and local authorities, the non-statutory sector plays a vital complementary role and is critical to sustaining the welfare of some of the most vulnerable communities and sections of the population. This includes charities and not-for-profit organisations such as housing associations. It is a diverse and fragmented sector with an ability to be highly responsive to new ideas.

Effective cross-sector working is fundamental to the challenge of meeting the needs of vulnerable populations and working towards the inclusion of marginalised groups. Universities have a key role to play in this process, yet this form of knowledge transfer is only in its infancy, with huge potential for development.

The NHS and local authorities are heavily dependent on the higher education sector as a source of professionally qualified people and as a resource for further professional development and research and evaluation. This is complemented by practical, action-research in a number of HEIs, which is focused on the --needs of communities of practice.

The Health theme identified 4 important areas which link health to regeneration:

- *Health, employment and well-being, including the social and economic dimensions of regeneration;*
- *Ageing and disability, including the health and social care dimensions of regeneration;*
- *Enabling environments, including the physical and cultural dimensions of regeneration;*
- *Public health and primary care, including health inequalities.*

In addition, a core focus across all of the projects was on increasing the skill and knowledge level of those working in health and well-being regeneration.
(From (http://regennorth.co.uk)

The Project: Explicating the role of partnerships in changing the health and well-being of local communities

It is clear that concepts of partnership and collaboration underpin the successful implementation of urban regeneration initiatives. What is less clear is how partnership working impacts upon the health and well-being aspects of urban regeneration. Evaluations of outcomes are limited, and little comprehensive information is available as to the extent of any such activities across the North West and North East regions. This project sought to examine the issues in relation to these and to develop a framework for supporting the analysis of effective partnership working.

Key aims of the project

There were four main aims of the project:

1. A scoping and mapping exercise to develop a profile of community health and well-being needs and associated neighbourhood renewal activity in Salford and the northwest, and in Newcastle and the northeast
2. A review of the literature and development of a conceptual framework for partnership evaluation
3. Evaluation of the framework in action through a series of case studies of partnership working in designated urban regeneration areas
4. Determine the key factors in effective partnership working

Conclusion

The project was in itself a recognition of the need for partnership working between Universities in order to maximise the value of shared knowledge and experience in addressing a common aim. It was also an opportunity to engage with local communities in urban regeneration areas to identify their needs and experiences in relation to their health and well-being and also determine a way in which effective partnership working could be assured.

Chapter 1 Background to Literature Review

1.1 Introduction

This report details the development of a conceptual partnership framework that can be used to undertake case study evaluations of a range of different current health and well being regeneration projects.
The development of this conceptual framework results from an exploration and review of wide range of literature concerned with the processes, functions and organisation of different partnerships in the context of community regeneration.

Locating evidence however, which focused primarily on urban regeneration projects within the field of health and well-being was problematic. Partly these problems are those similar to other studies working in this field and are to do with reliably being able to connect the activities of a partnership with some measurable outcome (Manthorpe & Iliffe 2003; Ball & Maginn 2005) and partly the problems arise from being able to recognise what a regeneration project is and what is some other community development initiative (Johnson & Osbourne 2000). For example, there have been numerous definitions and assumptions made about the concept of regeneration because of its association with an array of activities including the built environment, housing and social exclusion (Hastings 1996; Allen 2001). Many of these descriptions and definitions have failed to adequately capture the complexities of urban regeneration work over the past 25 years (Booth 2005) or reflect the changing complexities of urban regeneration between the UK, Scotland and Wales (Murdoch 2005). Thus the term 'urban regeneration' as used throughout this report is a 'catch all' term used to encompass such terms as urban renewal, urban revitalisation, urban rejuvenation as used in British, US and European discourses (Ball & Maginn 2005). In its broadest terms however, urban regeneration usually refers to those national and local governmental polices aimed at tackling social, economic, physical and environmental problems within inner city areas (Blackman 1995; Atkinson 1999).

It has been argued that like other western nations, in the UK, local communities face challenging health problems that are predicated upon often integrated and complex socioeconomic and environmental factors that appear non responsive to national programmes of development (Butterfoss , Goodman & Wandersman 1996; Richardson & Allegrante 2000). The governmental response to these complex problems has been the sustained rhetoric for the development of partnerships as the preferred way of addressing these issues (Hastings 1998; Hamilton 2004; Warne et al 2006). In the UK such approaches are now the norm through which such public policy goals are delivered (Newman 2001; Ball & Maginn 2003, Coulson, 2005). Indeed, within the context of this review, it is evident that partnership working within health and social care has received much attention since Labours election into Government in 1997 (Warne 1999; Warne , Skdimore & McAndrew, 2002; Manthorpe & Iliffe, 2003; Hamilton 2004).

Changes in NHS and social care policy have resulted in an emphasis on partnership working (DH 2006) through shared arrangements, closer integration and flexibilities afforded by the Health & Social Care Act (DH 2001) and Health Act (DH 1999). These changes and the impact they have had in relation to urban regeneration activities adds a further layer of complexity to those outlined above in relation to what urban regeneration both is, might involve and/or produce (Booth 2005). Thus an early challenge was to locate literature which explicitly related to urban regeneration in health and well being and the partnership working which has helped develop this process. Given the problems briefly outlined above it is not surprising that there was a lack of congruence across the available evidenced based-literature when seeking clarification of urban regeneration in health and well being. Much of the evidence base was conflicting or reductionist in the way that the complexity involved was often conflated and 'glossed over' (Ball and Maginn 2003; Coulson 2005).

In contrast, a different picture emerged regarding evidence about the nature of generic partnership working (Axelrod 1984; Balloch & Taylor, 2001; Hudson and Hardy 2002; Ling, 2000) Our search revealed a good deal of work that had already been undertaken in relation to the important ingredients of partnership working (Glendinning & Coleman 2000; Hudson & Hardy 2002; Stark , Stronach & Warne, 2002; Cameron & Lart 2003; Manthorpe & Iliffe 2003). Such evidence has helped to propagate the essentials of effective partnership working at all levels within health and social care organisations (Hudson 1999a; Howarth et al 2004; Holland et al 2006; Warne et al 2006).
Thus, in undertaking a review of the literature we were mindful of the need to avoid simply 're-inventing the wheel' through the mere re-production of an assembly of well known partnership attributes/tools (Senge 1990). The challenge was to provide a comprehensive insight into contemporary debate about the nature of partnership working specifically within the context of

health and well-being in urban regeneration areas. Deliberation of this concern prompted the team to work towards developing an iterative process of searching, appraisal, discussion and reflection to arrive at a conceptual framework that could meet aims of the regeneration project.

1.2 A Starting Point

The initial aim was to analyse key literature regarding health and well-being in urban regeneration areas with particular reference to partnership working. This led to the development of a specific review question which was capable of providing the direction for the search strategy:

"What is the extent of partnership working for health and well-being within urban regeneration areas/ projects in the North West of England?"

Additionally, we felt that reviewing the local context (the North West) would provide a countervailing and enabling context for the review of studies that might be outwith this area yet be valuable in terms of outcomes. This is a form of methodological triangulation often used in evaluation designs that are concerned with the local and national experience (Henderson ,Wilson & Barnes 2002). We felt that capturing the essence of the local context might be best achieved through a simultaneous initial scoping exercise (Howarth & Warne 2009) that would involve a content analysis of information about such projects that was available in the public domain (internet web sites for example). These embryonic stages helped establish a foundation from which to explore, the extent of partnership working in urban regeneration and in particular what was seen to be 'useful' in undertaking partnership evaluations (Coppel & Dyas 2003).

1.3 First Search Terms

As was noted above urban regeneration is a 'catch all' term used to describe a range of similar activities. Importantly, therefore, early search terms used for the review included a range of alterative words used to describe urban regeneration. These included active communities, social exclusion, neighbourhood renewal, health, health and well being, partnership, community development, and joint working.

1.4 Initial Sources of Evidence

Whilst it was possible to access a range of literature sources in initially developing the evidence base around partnership working, national regeneration studies and evaluations and so on, it was more difficult to identify literature which related directly to specific examples of health and well being within regeneration projects. The Neighbourhood Renewal Unit (www.neighbourhood.gov.uk) was seen as being information rich. This governmental unit supports local authorities to develop communities through Neighbourhood Renewal Project funds. In total, 86 local authorities have received such funding, 17 of which are based in the North West. Each local authority was required to have Local Strategic Partnership arrangements in place (LSPs) which are then implemented to support planning and development in the local community. Because of the partnership working involved, we felt that these sites could help us gain a picture of current partnership working within urban regeneration areas in the North West.

Thus all 17 web based sites in the North West were searched using the key terms 'urban regeneration', 'neighbourhood renewal', and 'neighbourhood renewal and health'. The 17 areas included in the initial scoping were: Blackburn with Darwen, Blackpool, Bolton, Burnley, Hyndburn, Knowsley, Liverpool, Manchester, Oldham, Pendle, Preston, Rochdale, Salford, St Helens, Tameside, and Wigan & Wirral.

Using search terms such as 'urban regeneration' within the 17 sites revealed policy documents. These policies were also searched for examples and evidence of partnership working specifically in health and well being. However, due to the diverse ways in which each area has used the funds and the way in which partnership arrangements are described, searching for health and wellbeing examples was again problematic. Using the alternative search term 'Neighbourhood regeneration' however, helped to locate a wide range of initiatives set up by local authorities using NR funds. Table 1 presents a summary of evidence located which relates to examples of partnership working in urban regeneration areas around health and well being

Table 1: Local Evidence. (website entries, community strategies)

All web-site information was correct at the date of access 2007/20

Local Websites	Accessed	Evidence Located
www.blackpool.gov.uk	☞	Blackpool has a dedicated Urban Regeneration Company called – ReBlackpool which was established in February 2005.
www.boltonvision.org.uk	☞	Has a direct strategy for health and well being in partnership in its Urban Regeneration areas
www.burnley.gov.uk	☞	The campaign 'Betterburnley' is a result of the Burnley Action Partnership. A strategy to develop Burnley has been developed – and a map of 'significant activity' has been obtained.
www.hyndburnbc.gov.uk	☞	The Local Strategic Partnership (LSP) in Hyndburn - Hyndburn First Ltd. together with Hyndburn Borough Council, the Accountable body, allocates Neighbourhood Renewal Funding across nationally agreed themes one of which is health
www.knowsley.gov.uk	☞	Knowsley area resulted in no relevant examples of regeneration in relation to health and well being. Searching using key terms of urban regeneration, and neighbourhood renewal and community development did not result in any examples related to health and well being.
www.liverpool.gov.uk	☞	Has a neighbourhood renewal strategy but none of the key targets relate to health and well being. However, the main document does refer to health although there are no specific examples and whilst the strategy is specific..
www.manchester.gov.uk	☞	Manchester is a Beacon for healthy communities and has an active and innovative health inequalities partnership. Both of these fall under the remit of regeneration and could therefore be viewed as examples of partnership working in regeneration areas in health.
www.oldham.gov.uk	☞	Oldham has a Community Strategy with a number of priorities for action under NR. One of these relates to health and social care.
www.zensys.co.uk	☞	Unable to access site
www.rochdale.gov.uk	☞	The name of the Local Strategic Partnership is called Pride Partnership. The partnership aims to improve the quality of life for all people who live and work in the Borough. The key agencies involved include PCT's.
www.salford.gov.uk	☞	Have existing partnership arrangements under the umbrella of Salford's Community Plan, the local strategic partnership. Aptly named Partners IN Salford , the plan aims to ensure collaborative working to sustain regeneration. In particular CHAP (Community Health Action Partnership) is a group of local residents who help to drive the work of the NDC Health Task Group.
www.sthelens.gov.uk	☞	St Helens Together is the name for the Local Strategic Partnership for St Helens. NR Funds have supported health living days, the keeping warm in winter services and community grants, some of which relate to health.

Local Websites	Accessed	Evidence Located
www.tameside.gov.uk	✓	Tameside has a downloadable strategic partnership document, within which, health is integrated with housing, social care, employment and other areas associated with UR. Sure Start initiatives coupled with a range of healthy living centres make up the main examples of where partnership working has influenced health and well being in UR.
www.preston.gov.uk	✓	Preston has a Neighbourhood renewal strategy which encompasses the health and well being of the community. Examples such as Sure Start were identified, although the health and well being focus is not as explicit as some of the other sites visited.
www.wiganmbc.gov.uk	✓	Wigan has developed a Regeneration Fund delivery plan, which tends to provide details on strategic direction as opposed to examples of its success. However, a regeneration review has been undertaken and a search for 'health' was performed in this document. One direct example of where funds have been used to support health and well being was through the Wigan Flashes, Conservation and Community Project.
www.wirral.gov.uk	✓	Nothing located using terms urban regeneration or neighbourhood renewal. Searching through the community pages did not reveal and evidence of use of NRF in relation to health and well being. But this site is serviced by Google as its main search engine, therefore the specificity was limited.

The miscellaneous descriptions and terms used to describe partnership working in the individual sites further compounded existing complexities. For example, it was often very difficult to ascertain how partnerships actually functioned. In attempting to make sense of these complexities we identified and utilised existing evaluation tools freely available in the public domain (see also Wilson & Charlton 1997; Brown et al 2006). For example, in trying to visualise the function and process of the partnership, a partnership framework developed by Irish Public Health & Policy unit (IPHP) was applied to one of the 17 sites. Bolton was used as a 'case site' to explore the potential visibility of using website data to explore evidence of partnership working.

1.5 Irish Public Health & Policy Unit Framework Context.

Driven by incentives to improve partnership working and promote equity and sustainability (Boydell 2001), the IPHP held a conference in 1999. The resultant framework was developed based on the 31 workshop participants' thoughts about partnership working. Key elements of partnership working were outlined in the paper and discussed in depth. These elements were considered to be influential in the development and sustainability if successful partnership working (see table 2).

Table 2: Elements of Successful Partnership Working
Connectedness/social cohesion (Unity, consistency, solidity, structure, pulling together, Boydell 2001)
History of working together/cooperation (support, collaboration, teamwork, mutual aid)
Political climate (difference between local, national and organisational)
Policy laws and regulations (difference between local, national and organisational)
Resources (wealth of the organisation, possessions, willingness to share, joint funding, budgets)
Catalysts or drivers (shapers, movers, art of reform)
The 'grounding' (context, support, confidence, ability, capacity)
The 'core foundation' Leadership, Communication, Team building, Sustainability, Research and evaluation,
Outcomes
Impact measures (expected and unexpected)

The framework developed from these key elements involved identifying a further range of dimensions of partnership working. These included the catalysts, a definition of the relationship, contextual factors, core foundation, process factors, sustainability and outcome measures. Each of these elements and dimensions was applied to the Bolton case site.

1.6 Case Site Example : Bolton Metropolitan Council

To identify the applicability and usefulness of the framework to evaluating practice, key elements from the partnership framework was applied to the Metropolitan Borough of Bolton as a local example. Bolton is an area which has used Neighbourhood Renewal Funds to develop partnership working thought a local strategic partnership plan (LSP). They disseminate their partnership activity and progress through their website http://www.boltonvision.org.uk/ which contains freely accessible and provided an insight into the functions, information which was used to provide an insight and processes of the partnership. Cyberspace has become a rich medium for communication however, care needs to be taken when using data from the world wide web as often, websites are not updated,, information becomes obsolete or even removed. To address this, the team regularly checked the content of the website to ensure parity throughout the lifetime of the project.

1.6.1 Core foundation - According to the IPHP, the core foundation advocates a 'common ground' on which the partnership is based. They assert that this may include; the vision, mission, principles, values, how impact is measured, what the infrastructure looks like ad the contribution offered by members in the partnership. Bolton's vision aimed to make the town "a great place to visit and in which to live, work, learn and do business". They took local people and the concerns and aspirations of organisations and partnerships into consideration when developing the vision.

Bolton has an explicit strategy for health and well being in partnership in its urban regeneration areas. To achieve this, the borough relied heavily on the development of partnership working. In terms of health and well being Bolton developed a Health and Well-being Partnership. This partnership focussed on prevention because of the stated belief that the underlying causes of health inequalities were important. Interestingly, Bolton is explicit about the relationship between health and well being and has aimed to ensure that the local community experience is a positive one for residents.

1.6.2 Context Factors - IPHP assert their preference for using the term partnerships to cover a range of arrangements – collaboration being the most developed of the concepts included in the matrix. They present a partnership framework based on four elements. These are grounding, foundation, process and impact. The model suggests that the context and outcomes also influence partnerships and should be considered within the framework. Contextual factors are those which are external to the partnership are characteristics of the environment which impact on the effectiveness of the partnership. These include connectedness, history of working together, political climate, policy, resources and catalysts. Within the LSP each of these characteristics is described and in some cases, extracts from the consultation are used to support the interpretation of the characteristic. Diversity is also discussed at length, and 'diversity' is welcomed and valued.

The clarity of vision and the catalyst are important factors to consider when managing diversity. From IPHP perspective, diversity should not be seen as a problem. In relation to Bolton, a statement on the website asserts that they have taken into account the needs, concerns and aspirations of local people, as well as the local organisations and partnerships.

1.6.3 Connectedness - Connectedness and the way in which Bolton worked with and liaised with others was exemplified through their strategic vision. This was developed in consultation, out of which 9 priority areas emerged. Each priority area has a range of targets. All the priority areas have a cross-priority themes running through them.

1.6.4 History of Working Together - Historical evidence of working together was difficult to identify from the LSP. This maybe due to disparate information archives rather than any lack of historical relationships. Information to be found on other web sites suggested a long term commitment to partnership working in the development of health, social care and education services. In such web based sources of information, Bolton presents a united front which they suggest is based on "the solid foundations of a strong voluntary and community sector" which they believe has "encouraged community involvement in the life and development of the Borough". To some extent, this work with over 2000 voluntary and community groups in the Borough has been validated by the a Credited Quality Mark awarded by the National Association.

1.6.5 Resources - Bolton is one of the NRF sites, and in East Bolton, has been successful in obtaining European funding for regeneration, (£20million SRB grant and £3 million from the North West Development Agency for example). Whilst much of this funding has been used for capital projects aimed at improving the infrastructure of the area, during 2000-2007 a wide range of community groups have also benefited with 133 grants being given totalling £653,424. With this 10 community buildings were improved and hundreds of local people became involved in a wide range of activities. However, outwith this specific regeneration programme, there were many examples to be found of resources being identified across multi agency partnerships involving organisations from both statuary and the private sector. For example these were targeted at projects supporting children of parents who are substance misuser's, increasing independence of older people, and facilitating greater involvement in sporting and active recreational activities.

1.6.6 Catalyst - The IPHP advise that organisations should explore partnership drivers. For example, in relation to regeneration, the aims to promote health and well-being within sustainable communities may be considered to be a catalyst for the partnership. Exploring the catalyst in Bolton revealed that there are still big differences between the most affluent and the most deprived parts of the Borough, as well as inequalities between people and communities. A range of audit data area presented which illustrate the health and well-being problems needed to be tackled. For example:

1. *The life expectancy of men and women in Bolton is 1.33 years and 1.21 years less than the national averages respectively.*

2. *Death rates for coronary heart disease are around 20% higher than the average and low birth weights are higher than average.*

3. *Bolton's inner areas have a high percentage of pensioners living alone and between 1997 - 1999, an average of 313 years of life were lost due to death following a fall.*

Specifically in relation to well-being, Bolton recognise the link and developed a new Cultural Strategy called "LIFE" which aims to regenerate the community by enhancing opportunities both culturally and environmentally for everyone embracing culture in its widest sense through the integrated development of arts, sports, the countryside, the family and community.

1.6.7 Relationships - There are levels of partnerships which dictate choices and decisions – IPHP provide a 'matrix' which describes the partnerships in relation to the purpose, structure and processes involved. The purpose could be to share something, the structure is how it is intended to function – for example, will the relationship be flexible, loosely defined or clearly defined (Dowling et al 2004). Finally the processes refer to how decisions are made with leaders, through communication or within groups. In relation to Bolton, the LSP suggests that they want local people to play a major part in this urban renaissance - not just of local neighbourhoods, but of a vibrant Borough as a whole. This was mainly attributed to the partnership working between Bolton, Salford and Trafford around social and health care services in mental health.

There is evidence, for example on the East Bolton Regeneration web site of how such involvement had been nurtured and utilised, although this tends to be undifferentiated in terms of health and well being.

1.6.8 Process Factors - These are internal factors which may drive the dynamics of the partnership. In addition the IPHP also suggest that sustainability, research and evaluation, impact and outcomes are important. All of these factors, they suggest are influenced by the context in terms of politics, resources, history of working and policies. The process factors in Bolton tended to be displayed in lots of different web pages, although running through these was a clear commitment to inclusive planning, implementation, assessment and response using a scheduled and cyclic process of evaluation. Clear dates for evaluation reporting can be found on the East Bolton Regeneration web site, and there are other examples of how the process of monitoring progress and disseminating this information to other partner members are easily located and accessible.

1.6.9 Leadership - Each of the priority areas has a set of targets, to which are aligned a designated leader. This is invariably a representative from the particular partnership membership or where the organisation its self provides the lead role; for example, the HWBP / Strategic Cultural Partnership, BSAFE. However, there is also a clear political and senior officer commitment to partnership working, community involvement and innovation over a long period of time. For example such commitment has led to the Bolton Metropolitan Council receiving Beacon status for its work in tackling

homelessness in the area. This partnership work has used existing organisations but has also seen the creation of new organisations that are made up of a mixture of private and public sector members. The emergent nature of these partnerships appears to have been shaped by high profile leadership at each stage of the partnership iteration. The web based audit trail reveals how these transformations have also resulted in sustainable improvement not only in dealing with homelessness, but in other areas of social housing and environmental improvements.

Likewise there is much evidence that triangulates this approach to leadership in Bolton which can be found on the www.improvementnetwork.gov.uk site. Here Bolton's approach to leadership is described as:

For Bolton the essence of leadership appears a practical activity, rather than it being an academic exercise. Leadership development manifests itself in many ways at Bolton. Each of the three development strands (Management, Team and Individual) have leadership components. But there is also a sense that strategic leadership means looking at the big picture and delivering quality front line services.

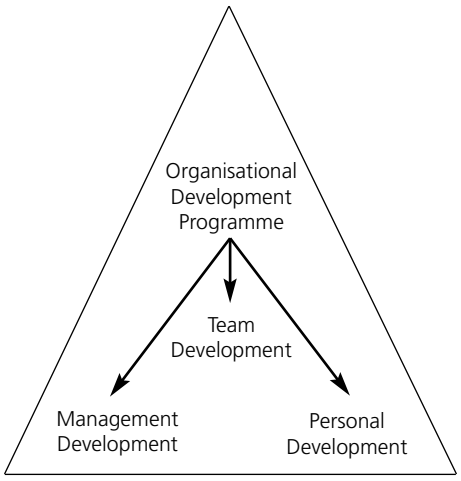


Figure 1 Conceptual Framework for Leadership and Organisation Development : Bolton Metropolitan Council Executive leadership case study (www.improvementnetwork.gov.uk)

There are countless examples as to how many of the Councils services respond to the challenge of improving their leadership capabilities and capacity. The following (Fig.2) comes from a workshop report from the Bolton Centre for Leadership Development (for schools).
It illustrates the need for effective leadership that ensures all aspects of the collaborative process are in place within the partnership, and what the consequences might be when this is not the case:

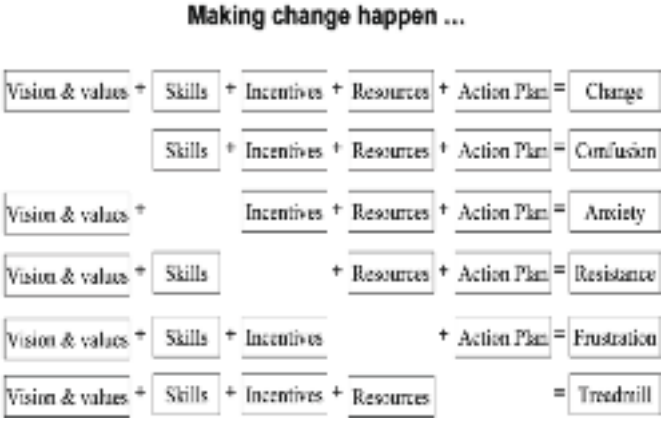


Figure 2 Change Management Bolton Centre for Leadership Development (http://www.boltontlc.org.uk)

1.6.10 Teambuilding - As a way of working, team working is seen as being an important aspect of multi-agency working (Howarth et al 2004), although achieving this can be difficult (Stark et al 2002). Others have suggested that team working is better caught than taught (Warne et al 2006). Thus it was not surprising that it was quite difficult to discern evidence of what the specific team building activities might be. However, as was noted above, there is a clear commitment to team building and team working which extends to including the local stakeholders as part of the team, including being involved in decision making processes and actively engaging people to discuss local key issues.

1.6.11 Communication -

A communication strategy exists which again was developed through a consultation process. Bolton believes that communication is vital in developing strong communities. The strategy includes a number of objectives:

- To provide every community with access to information technology and training.
- To promote community cohesion and to hold festivals and other events as a means of bringing communities together.
- To develop, implement and promote the Compact across all sectors.
- To introduce an effective communication strategy for the Community Network.
- To develop very local networks and encourage the sharing of good practice throughout the Borough.

To provide the voluntary and community sector with appropriate accommodation and support. http://www.boltontlc.org.uk

1.6.12 Sustainability -

An important aspect of the IPHP framework was the notion of partnership sustainability and the need to ensure that the partnership is nurtured. Examining this concept within the context of Bolton's LSP revealed that sustainability was visible across the core themes of regeneration and partnership working. There is a dedicated strategy to ensure sustainability which is separate from the health and well being strategy – but which also influences the strategic direction of all the Councils priority areas.

1.6.13 Outcome Measures (Health & Well Being) -

Outcomes and how these are measured is also an important consideration. Too often partnerships are developed without proper consideration of the outcomes at the start of development (Coulson 2005). Outlining potential outcomes should help drive the partnership and set realistic, shared and equitable goals for all involved (Huxham & Vangen 2000). Working 'backwards' in this way also promotes the use of research and evaluation, particular those approaches that involve collaborative and action research methodologies (Huxham & Vangen 2000; Warne et al 2004). The IPHP, perhaps in recognition of the difficulties in agreeing valid outcomes in regeneration work (Booth 2005; Coulson 2005; Murdoch 2005) suggest measurable outcomes including: public safety, education, family support and changes in health morbidity and mortality rates. There are examples of such soft and hard evidence to be found within the Bolton case study, for example, the provision of mental health services has been extended across the Borough, a new Rapid Response Team has been established, providing an alternative to acute hospital care ensured that service users are central decision making through good partnerships with the business community and with other social and healthcare organisations. In addition, the number of deaths from circulatory disease has been reduced by 5.9% and infant mortality rates have been reduced by 1.6%.

In summary, applying the IPHP partnership framework to the Bolton case site helped to clarify and describe the partnership arrangements in terms of the framework's key elements. However, in terms of usefulness, it was found that evidence in relation to some elements were often difficult to identify. Whilst the information provided in the case sites provided pragmatic information about the aims of the partnership, the framework did not help reveal how the partnership worked. In fairness however, it is unclear whether this was the lack of case site information or the limitations of the framework itself. What was not evident was the nature of the partnership working in terms of the relationship between its function and outcome measures. For example, in the Bolton case site, mortality was a general outcome indicator used to measure partnership functioning.

The framework was a useful tool for exploring some aspects of partnership working, but the complexities involved in evaluating the relationship between outcomes to the function and activities of the partnership were not included in the framework. This suggested that the framework needs further refinement to contextualise it within an urban regeneration health and well being partnership (Dowling et al 2004). As part of this need to refine, we explored further the nature of partnership working and how such partnerships might be evaluated.

Chapter 2 Partnership Working

Partnerships constitute a specific organisational form that gives tangible expression to the work of individual partnership members (Alter & Hage 1993). Such partnerships arise from two main motivations, one internal to the individual members and the other external. One source of collaboration, following resource dependency theory, is that individual members recognise mutual interdependencies and create a partnership as a means of solving the managerial problem of securing the joint flow of resources and stabilising environmental contingencies (Warne 1999).

The other motivation for partnership creation is to implement the intentions of a higher level of government (Atkinson 1999; Hudson 1999b). In this context, a partnership becomes a policy instrument for the local delivery of central imperatives. From this perspective, partnerships emerge either through the imposition of a legal or administrative mandate or by inducement designed to facilitate collaborative activity by local individual groups and agencies (see for example, Warne's (1999) work on the establishment of GP fundholding groups in the UK health care system).

2.1 Defining Partnerships

Atkinson (1999) has argued that there is no single authentic mode of assigning meaning to terms such as partnership, that their meaning is constructed (i.e. produced and reproduced) in a context of power and domination which privileges official discourse(s) over others. While this is a view we have considered in developing this report, the denial of a possible partnership definition implicit in Atkinson work also makes it difficult for the enquirer to move much further along the road of exploration. We intend to return to this particular view of partnerships as it does represent an important facet in the development of our conceptual framework.

Our starting point in developing the conceptual framework was to park Atkinson's work to one side, and adopt a more pragmatic and uncomplicated definition of what partnerships might be viewed as. Thus for the purpose of this report we use the term partnership to encompass all of the types of collaboration, (e.g., consortia, coalitions, and alliances) that have been formed to improve health and social well being (Mitchell & Shortell 2000) Thus our use of the term partnership reflects a joint working arrangement where the partners:

- are otherwise independent bodies;
- agree to co-operate to achieve a common goal;
- create a new organisational structure or process to achieve this goal, separate from their own organisations;
- plan and implement a jointly agreed programme, often with joint staff or resources;
- share relevant information; and
- pool risks and rewards.

(adapted from Audit Commission, 1998)

Likewise there is normally a clear reason and purpose for partnerships being formed (Booth 2005). Generally, partnerships are formed to carry out one of the following functions:

- to develop a vision for a 'community' - which could be a geographical locality, a market segment or a group of people with similar needs – and monitor the progress towards achieving this vision
- to formulate medium or long term strategic objectives to turn a shared vision into reality
- to plan the actions necessary to meet agreed strategic objectives; and
- to carry out joint operations, which could include major capital projects, new services to individuals or new approaches to existing services.

Although partnerships can operate at each of these different levels, usually the focus is on only one or two of these functions at any one point in time (Long & Arnold 1995). Trying to do too much at once will almost certainly result in partners feeling overwhelmed and losing commitment to the arrangement (Atkinson 1999; Powell & Dowling 2006). However, over a number of years a single partnership may carry out all of these functions in turn. When this happens, the partnership will need to change to reflect its developing role. It has been argued that these changes are usually intentional, for example, new partners may be needed when moving from the planning to an operational phase, although there maybe unintentional consequences for individual membership, stakeholder representation, organisational structure and legal status, all of which may also need to be reviewed (Powell & Dowling 2006).

So many partnerships might be conceptualised as being:

a relationship that exists on a continuum characterised by permanence and transition,(Macaulay 1963, p27) where at any one time, the location and effectiveness of the partnership is likely to be dependent upon a number of dependent, independent and interdependent factors (Warne 1999, p121).

2.2. Developing Partnerships for Health

In the context of this review we are interested in understanding how partnerships facilitate health and well being within and across communities. As was noted above, the UK governmental policy rhetoric of modernising health and social care is predicated on the notion that the formation of partnerships enhances the capacity of people and organisations to achieve health and health system goals (DoH 1997; 1998; 2000a; 2000b; 2005; 2006). These approaches have been developed from other partnership examples in public sector modernisation (Richardson & Allegrante 2000; Powell & Dowling 2006).

Indeed, as Ferlie and McGivern (2003) note, the UK health care field is made up of large organisations that have been created through the merger of smaller individual organisations and formed into partnerships with varying degrees of formality and structure. However, effective partnership development is, time consuming, resource intensive and difficult (Lasker et al. 2001; Linden 2002). Inter-organisational arrangements often fail to meet expectations (Huxham & Vangen 2000). Although organisations within the UK health and social care system have long been exhorted to work together in collaborative and integrated ways, achieving this continues to be difficult and problematic (Webb 1991; Warne 1999; Huxham & Vangen 2000; Powell & Dowling, 2006). Partly, the reason for this is a consequence of two different relationship concepts:

(1) vertical relationships (usually involving a top down approach to service development and management)
(2) lateral relationships (usually involving partnerships between agencies or across networks) resulting in countervailing processes of collaboration and/or conflict (Warne 1999).

The way in which individual members of partnerships within and between partnership organisations behave in response to these countervailing processes is also important to consider. For example the ways in which macro level policies are translated by those working at the micro level.

Additionally, there may well be different perceptions of what is involved and how individual members of partnerships interpret the underlying policy drivers in terms of importance and relevance (Wilkinson & Appelbee 1999). In order to increase collaboration and reduce the potential for such conflict occurring as a result of such organisational behaviours, Moss Kanter (1994) noted that organisations' need to engage with at least five levels of integration in order to achieve and sustain successful collaboration and partnership working within multi-organisational, multi-agency relationships. She describes these as:

(1) Strategic integration – this involves continuing contact among top leaders to discuss broad goals or changes in each organisation
(2) Tactical integration – this involves bringing middle managers or professionals together to develop plans for specific projects or joint activities, to identify organisational or system changes that will link the organisations better, or to transfer knowledge
(3) Operational integration - this involves providing ways for people who carry out the day-to-day work of the organisations to have timely access to the information, resources or people they need to accomplish their tasks
(4) Interpersonal integration – this involves building the necessary foundations for creating future value
(5) Cultural integration – this requires people involved in the relationship to have the communication skills and cultural awareness to bridge any differences

Thus we suggest that it is the successful building and maintaining of relationships at various levels across the partnership that allows for 'integration' to be achieved. Warne (1999) has argued that at the individual level and organisational level, such relationships are transformational in character, where at any one point in time, movement between relationships characterised by dependence, independence and/or interdependence will be experienced. These movements are often contextually and situationally driven.

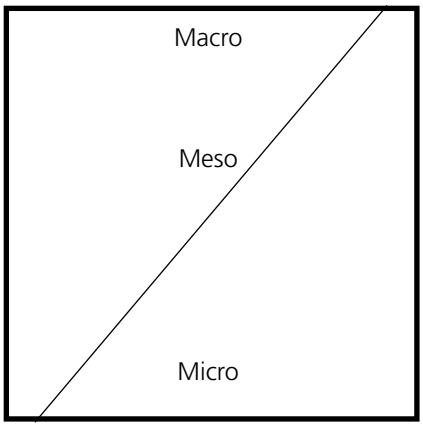


Figure 3 Relationship

It is possible to schematically present these three levels of relationship and responsibility. For example, in Figure 3 the organisation (in this case represented by the square) and the Macro, Meso and Micro demarcations represent three levels of management responsibility within this organisation and are set out in a fairly typical arrangement. For example, at the top of the organisation (the Macro level) will be found that group of individuals who are charged with the strategic management and decision-making of the organisation – providing the guiding vision and ensuring accountability measures are in place to monitor progress.

Likewise, it is possible to argue that individuals working at the Macro level of an organisation will see the world differently to those working on the shop floor (the Micro level) although it is essentially the same world that both groups inhabit albeit it is experienced differently by each group of individuals (Peters & Waterman , 1982; Castelfranchi, 2003). It is clear that such an assertion can be transposed to the organisation[s] that make up a partnership. Those in the middle of this organisation, those working at the Meso Level, are often used as the 'organisational translators'. In this role they might for example, gather information from the micro level and pass this on to the macro level and/or 'interpret' the strategic intent at macro level so that it can be operationalised by those working at the micro level. Alternatively, such individuals have been referred to as 'boundary straddlers' (Stark et al 2000) or 'linkers' (Ferlie and McGivern 2003). These individuals need to have both role credibility as well as personal credibility to work across the formal and informal organisational networks (Bennis & Nanus 1985).

However, it can be argued that there is plenty of room for misinterpretation and Machiavellian behaviour in the articulation of such relationships and the psychological, organisational and political processes involved in developing and sustaining these relationships (Warne 1999; Castelfranch, 2003; Warne et al 2006).

Figure Three also illustrates the amount of involvement each group might have in the work of others. For example, while there is still some opportunity for those at the micro level to be involved in the strategic decision-making of the organisation, although rightly the prime responsibility for this rests with the macro group, and vice versa. The organisational or partnership board may like to get involved in the operational aspects and decision making of the organisation or partnership, but essentially this should not be their bailiwick either (Young & Gould, 1993; Kets de Vries 1995; Castelfranchi 2003).

Whilst Figure Three provides an illustration of one application of the model, it can also be used to explore other organisational and partnership relationships. For example, Figure Four provides an expanded view of such relationships in our typical health care organisation in relation to other organisations.

Here the box represents the NHS as a whole organisation and other organisations and agencies that operate at different levels within and or connect with the NHS. In this example, the possible location and number of organisations at the Meso level is open to many different interpretations:

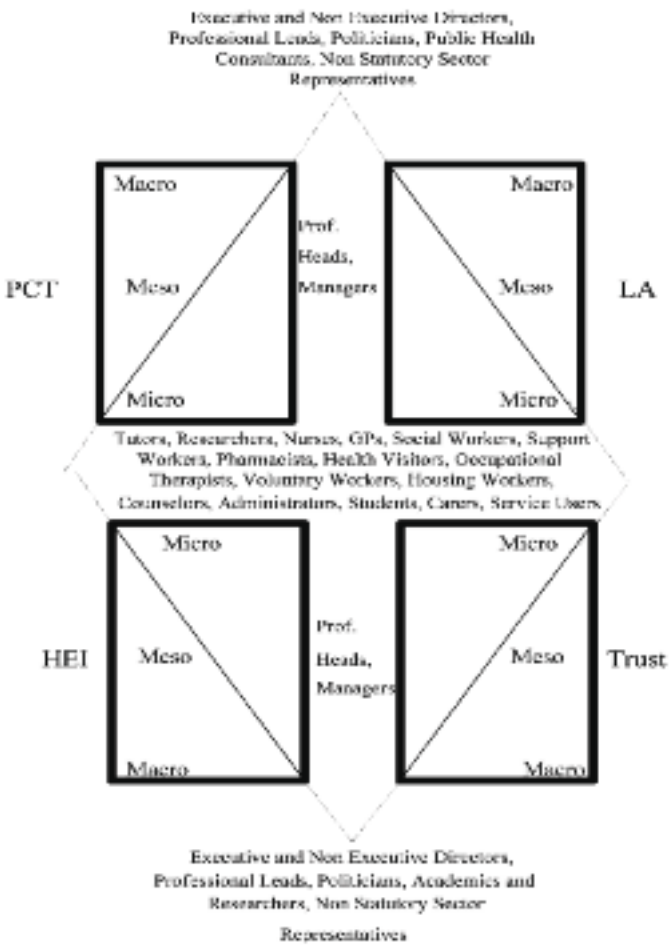


Figure 4 Expanded organisational model of relationships

Figure Four illustrates that these organisational entities not only has a explicit set of functions and responsibilities, but also a wider range of tacit responsibilities for working with others in order to discharge these responsibilities effectively. Individuals, groups and organisations need to develop a series of working relationships that transcend those within the internal uni-organisational environment (Wilkinson & Appelbee 1999). Just as relationships within an organisation will be characterised by dependence, independence or interdependence, relationships between organisations are likely to experience the same transformations over time and in response to different factors within their environment (Porter 1980; Warne 1999; Dowling et al 2004). It is clear that these tensions and challenges can also be transposed to the work of partnerships involving the coming together of individual members, all of whom might have a different sense of responsibilities, capabilities and repository of skills and knowledge (Jonsdottir et al 2003)

However, it is very difficult, in this one dimensional illustration to represent all the potential linkages individuals and groups might have across both the formal and informal networks. For example the split of the commissioning services from provider services in PCT.s can be more easily represented on organisational charts and service level agreements, but the informal relationships that ensure social cohesiveness (Snape & Stewart 1996) are more difficult to illustrate in these simple diagrams. They are illustrative maps and as such are useful only as an aid to more effectively conceptually framing such relationships. As Granovetter and Swedberg (1992) have noted, the actual outcome is dependent upon being able to trace the 'real life' interactions and measuring the impact such interactions have on individual or organisational performance.

Although partnership working and inter agency collaboration can have facilitate many advantages to each partner, often partnerships struggle to make the most of the collaborative process and accomplish their goals (Himmleman 1996; Coulson 2005). Studies suggest that up to 70% of formal strategic alliances fail or fall short of expectations (Limerick et al. 1998; Dowling et al, 2004).

Those studies examining partnership working in the field of health suggest that up to half do not survive the first year and those that do often falter prior to completion of their aims (Lasker et al. 2001; Brown et al 2006). Much work has been undertaken in trying to understand what factors might lead to a successful partnership (Waddock, 1988; Gray 1996; Huxham, 1996; Lasker et al 2001; Linden 2002; Hudson & Hardy 2002; Brown et al, 2006).

Lasker et al (2001) for example, identified a number of factors that they argue influence the achievement of successful and effective partnerships. (see Table 3)

Table 3 Lasker's et al's (2001) Influencing Factors

Factors that enhance partnership working	Factors that decrease partnership working
The enhanced ability to address issues individuals consider important The acquisition of funds, new competencies and useful knowledge to support their own activities Increased exposure to and appreciation by other groups in the community A strengthened capacity to meet performance goals and the needs of their clients or constituencyd Increased utilisation of their services and expertise Enhanced ability to affect public policy The development of new, valuable relationships The opportunity to make a meaningful contribution to the community Sufficient authority and resources, including time, granted to participants by their organisations	Diversion of time and resources from other priorities and obligations Reduced independence in making decision about their own activities Loss of competitive advantage in obtaining funding or providing services Insufficient influence in the partnership's activities Conflict between their own work and the partnership's work Negative exposure due to association with other partners Frustration and aggravation with the collaborative process Insufficient credit for their contribution to the partnership

Thus its been argued that much is understood about why partnerships form and of what aspects of organisational processes and functions best enable partnerships to accomplish more than individuals and organisations can on their own (Huxham & Vangen 2000). These functional processes of partnerships have many dimensions including partner involvement, sufficiency of resources, leadership, management, governance, and these tend to be linked to partnership structure (See also Howarth et al 2003; and Warne et al 2006).

However, partnership functions can also be explored through the consideration of how such dimensions of partnership functioning are related to proximal outcomes of partnerships' efforts, such as 'satisfaction' and levels of 'commitment of partners', the 'quality' of plans, and implementation of programmes (Lasker et al 2001). These outcome proxies do not facilitate an easy assessment of how these different aspects of functioning relate to a partnership's ability to combine the contributions of partners in a way that enables a partnership as a whole to accomplish more than the individual partner members could do on their own (Wilkinson & Appelbee 1999). It is not surprising then that whilst there is much known about the application of related concepts such as 'collaboration' (Challis et al 1988; Himmleman, 1996; Reitan 1998; Bailey & Koney, 2000; Huxham & Vangen 2000; Ling 2002), there is a lack of a corresponding literature on the functionality of partnerships.

2.3 Partnership Functions

Powell & Dowling (2006) in reviewing conceptual approaches to partnership working identify three types of partnerships typified by their functional purpose. These are described as 'facilitating', 'coordinating' and 'implementing' partnerships:

Facilitating partnerships are those that address entrenched, highly problematic, contentious or politically sensitive issues. In such partnerships there are often challenges to power domains. In dealing with these a greater sense of trust and solidarity amongst individual partnership members is often required, and this can take time to establish and develop (Wageman, 1997).

Coordinating partnerships focus on less contentious issues where individual member organisations agree on priorities but are equally concerned with other pressing demands specific to themselves. The organisational analogy for this type of partnership is that of teams or groups and how membership of each is often conceptualised (Fisher et al 1997).

Implementing partnerships are more pragmatic and time limited, concerned with specific and mutually beneficial projects. Within the NHS, these are perhaps, the most familiar types of partnership. Such partnerships are formed specifically to take an aspect of health and social care policy forward at a particular point in time, and once this has been achieved the partnership dissolves or is reformed (Glendinning et al 2002) Likewise, Stoker (1998a, 1998b) identified three types of partnership that are different in the way they operate (functional process): principal–agent relations, inter-organisational negotiation and systemic coordination.

Principal–agent partnerships involve purchaser–provider relationships. In health care these approaches were seen as being integral to the development and operation of the quasi health care market of the early 1990s (Warne 1999; Powell & Exworthy 2002).

Inter-organisational negotiation involves bargaining and coordination between the different organisations in order to increase and maximise capabilities and capacities. The most familiar example of this is the Single Regeneration Budget partnerships (Warne et al 2003).

The third category, systemic coordination, goes further by establishing a level of partnership working that is embedded in individual member's ways of working, and reflects the level of mutual understanding where organisations develop a shared vision and degree of joint working that leads to the establishment of self-governing networks. In health care examples of such approaches are illustrated by combined primary health and social care Trusts (Warne et al 2006).

However, whilst these ways of knowing about partnerships are familiar and provide an effective framework for exploration, they are not, in themselves, capable of facilitating analysis of what aspects of the functional processes might lead to desired outcomes (Hudson & Hardy 2002). There is often a lack of valid indictors capable of evaluating the effectiveness of partnerships, and this is particularly the case with those partnerships aiming to improve health and health care systems (Huxham & Vangen 2000).

Often partnership evaluations have been concerned with issues of:

Ambiguity – for example, exploring constitution of the partnership membership and membership status; ambiguity over the nature of representation, who is representing what interest or constituency.

Complexity – for example, the complexity in structure of the partnership, what level of hierarchies are involved in the management of the partnership; and the extent to which members of a particular partnership are also members of other partnerships with overlapping interests; different departments of an organisation may often become involved in partnerships independently of each other; the degree of decision making groups within individual partnership members that may or may not be congruent with those established within a partnership.

Dynamics – for example, the extent of membership change resulting from external forces outside the partnerships control - Government policies; the extent that individual representatives come and go or change their role within their organizations; Mismatches in members' agendas leading to continual negotiation of purpose (and hence the possibility of changing membership); perceptions of and drivers for the pace of change, Changes can take place frequently, rapidly and sometimes imperceptibly (Evans & Killoran 2000). These are important issues and clearly impact on the achievement of partnership outcomes. However, how these issues are evaluated continues to be problematic (Powell & Dowlin, 2006).

Chapter 3 Evaluation of Partnerships

Despite the possibility of matching conceptual models of partnership functioning to examples of health care organisation (Snape and Stewart 1996; Stoker 1998a, 1998b), such models have been seldom used in health and social care partnership evaluations. Even in evaluations of partnerships aimed at wider welfare objectives, (Powell and Glendinning 2002; Powell and Exworthy 2002) these models have largely been passed over in favour of Mackintosh's (1992) evaluation framework for understanding the process of partnership working. She describes three alternative models of partnership: those of 'synergy', 'transformation' and 'budget enlargement'.

The synergy model aims to increase the value created by the establishment of a partnership through combining both the assets and knowledge and skills of two or more separate organisations.

The transformation model emphasises changes in the aims and cultures of the individual partnership member's organisations with the degree and direction of transformation dependent on the power of the individual partners.

The budget enlargement model is predicated on an economic rationale an enhanced budget can be brought to bear on a policy or welfare problem; it is aimed at attaining funds from a third party.

Hastings (1996) develops the synergy and transformation models and suggested that Mackintosh (1992) presented synergy as having a single meaning – that of financial benefits. Hastings (1996) views this as 'resource synergy' or 'added value', which results from the interaction of organisations from the same sector (such as private companies), and does not depend on exploiting the differences between organisations, but on combining these resources. This has been the underpinning and largely unacknowledged approach to the amalgamation, restructuring and merging of many health care organisations during the last decade (Powell & Dowling 2006).

Elander (2002) discusses the synergy, transformation and budget enlargement models and considers that synergy – two plus two is more than four – is shown by a typical example of the joint venture between a profit-seeking commercial firm and a non-profit organisation. The transformation model involves a public or non-profit and private sector partner. Finally, the budget enlargement model involves additional support from a third partner such as the European Union or central government. In enabling the partnership to take its objectives forward. For example, in urban regeneration, this is often the underpinning source of finance for locally driven and implemented projects.

Whilst these models have the potential to guide partnership evaluations, different models can and do function alongside each other, and are similar in principle to the notion that alternative governance structures (such as markets, hierarchies and networks...) can and do function alongside each other in local economies or single organisations (Thompson et al., 1991). The very idea of 'partnership' is one that has strong overtones of co-operative and consensual behaviour (Hay 1998).

At a 'common-sense' level the inference can reasonably be made that it incorporates the notion of equality and trust amongst the 'partners' and a unity of purpose such that all will to share resources to achieve this end. Despite his reservations over being able to define what a partnership is Atkinson (1999), for example, argues that in the UK, the prevailing political discourse is predicated around the notion that partnerships are an inherent good because by definition the term 'partnership' implies an expansion of the sphere of governmental decision-making and policy delivery to include other societal actors.

Without the need to create a mechanism to legitimise, it is argued that a partnership's legitimacy is self-evident because of the partners' relevant capacity and recognised identity (elected officials, public managers, private businesses and voluntary sector actors among others) (Powell & Dowling 2006). In the context of assessing the partnership functioning, such hegemonic legitimising is often counter productive (Lee et al 2004).

The fact that many partnerships are made up with individual members who might well have different expectations of the partnerships purpose that ultimately render the definition of what the partnership is held accountable for are problematic (Coulson 2005). For example, evaluations of many of the Sure Start initiatives, which were aimed at bringing together different individual groups and agencies to promote improvements to early life experiences and improve parental ability have largely taken a local (and parochial) view with little evidence being made available of the impact

this policy has had on other societal problems (Myers et al 2004). The assessment of the functionality of such partnerships and any outcomes arising from the partnership continues to be difficult.

We argue that such a position is often not one of intent, but one that often results from factors outside the partnerships immediate control. For example Koppell (2005) has described a risk in bringing together different organisational performance and accountability systems as being the creation of an 'multiple accountabilities disorder', which results in individual partnership member organisations often intentionally or unintentionally escaping all forms of accountability by playing one principal off against the other (Keohane 2002). Alternatively, it results in a genuine dilemma for the organisation trying to satisfy the potentially contradictory demands of various organisational imperatives but where at the same time such processes can create substantial additional costs (Lee et al 2004).

A number of assessment tools have been used within various health and social care partnerships organisations. Most notably there has been the use of the Balanced Scorecard developed by Kaplan and Norton (1992; 1996). The balanced scorecard identifies and integrates four different ways of looking at organisational performance and effectiveness (Financial, Customer, Internal Business and Innovation and Learning Perspectives). The model recognises the need to ensure that financial performance, and the drivers for it (customer and internal operational performance) and drivers of ongoing improvement and future performance, are given equal weighting. The Balanced Scorecard reflects many of the attributes of other measurement frameworks but more explicitly links measurement to the organisation's strategy. Kaplan and Norton claim that it should be possible to deduce an organisation's strategy by reviewing the measures on its balanced scorecard. Even given its widespread use, numerous authors have identified shortcomings of the balanced scorecard approach to evaluation. It does not consider a number of features of earlier frameworks that could be used to enhance the balanced scorecard framework. The absence of a competitiveness dimension, as included in Fitzgerald's et al.'s (1991) results and determinants framework, is noted by Neely et al. (1995). Others emphasise the importance of measurement of the Human Resources Perspective / Employees Satisfaction, Supplier Performance, Product / Service Quality and Environmental / Community Perspectives (Lingle & Schiemann 1996; Brown 1996). Thus the failure of the balanced scorecard to consider these dimensions limits its comprehensiveness.

Despite these hurdles, collaborative efforts have continued because combining the perspectives, resources and skills of people and organisations, or inter-organisational synthesis (Clegg et al. 2005), have been shown to achieve outcomes that are more creative and far greater than could have been achieved by the partners working in any way but collaboratively (Huxham 1996, Lasker et al. 2001, Huxham and Vangen, 2000). Researchers have called this magnification of achievement the 'collaborative advantage' (Huxham 1996; Huxham & Vangen 2000) or 'synergy' (Huxham 1996; 2000). For example, the Audit Commission (1998) produced a very simple pre and post partnership evaluation tool that is predicated on the use of a very simple list of prompt questions:

Audit Commission Evaluation Tool (1988)

Deciding to go into Partnership Evaluation Tool

1. *Does this organisation have clear and sound reasons for being involved in its current partnerships?*
2. *Where new partnerships must be set up to meet national requirements, what groundwork is being done locally to maximise their chances of success?*
3. *Are changes in behaviour or in decision-making processes needed to avoid setting up partnerships with only limited chances of success?*

Getting started

4. *Have all the partnerships in which the organisation is involved been reviewed to evaluate whether the form of the partnership is appropriate to its functions and objectives?*
5. *Do all the partnerships have an appropriately structured board or other decision-making forum?*
6. *When setting up a new partnership, how are prospective partners identified?*

Operating efficiently and effectively

7. *Do partners share the same main objectives for the partnership?*
8. *Are the partnership's objectives consistent with those of the partnership organisations?*
9. *If an outsider watched a partnership operate, would he/she be able to identify the partnership's main objectives?*

10. *Do the partners know where the boundaries between the activities of the partnership and of their own organisations lie?*
11. *Do the members of partnership steering groups have sufficient authority to commit their organisations to decisions?*
12. *Are partnerships prepared to delegate responsibility for parts of their work to particular partners?*
13. *Do large partnerships have an executive group that all the partners trust to make decisions on their behalf?*
14. *Are project-planning techniques used to ensure the separate agreement of all the partners to a course of action in good time, when necessary?*
15. *Do the partnership's decisions get implemented effectively?*
16. *Are partnership staff selected for their technical competence and for their ability to operate both inside and outside a conventional public sector framework?*
17. *What actions are taken to build and maintain trust between partners?*
18. *If members have dropped out of a partnership, what lessons have been learnt about how to maintain involvement in the future?*

Reviewing success

19. *Does each partnership have a shared understanding of the outcomes that it expects to achieve, both in the short and longer term?tion*
20. *What means have been identified for measuring the partnership's progress towards expected outcomes and the health of the partnership itself?*
21. *Has the partnership identified its own performance indicators and set jointly agreed targets for these?*
22. *Are the costs of the partnership known, including indirect and opportunity costs?*
23. *Are these costs actively monitored and weighed against the benefits that the partnership delivers?*
24. *What steps have been taken to make sure that partnerships are accountable to the individual partners, external stakeholders, service users and the public at large?*
25. *Are some or all of the partnership's meetings open to the public?*
26. *Is information about the partnership's spending, activities and results available to the public?*
27. *Does the partnership review its corporate governance arrangements?*
28. *Has the partnership considered when its work is likely to be complete, and how it will end/handover its work when this point is reached?*

There are many examples of a variation of this approach, for example, the Suffolk Partnership Evaluation Kit provides a simple and easy to use 'toolkit' for evaluating regeneration partnerships which addresses five aspects of partnership working:

Table 5 Suffolk Evaluation Toolkit (2002, page 7)

Action focused

Shared values and agreed long-term vision of what it wants to achieve
Effective use of input and feedback from local community and businesses
Makes a positive impact, adding value and ensuring it is not working in isolation

Efficient organisation

Structure conducive to decision-making with members reflecting the views of the organisations they represent
Resources matched to aims, objectives and plans
Effective administrative support and communications

Inclusive approach

Membership reflects the purpose of the partnership
Ensures that all partners have the capacity to be fully engaged in the partnership
Works democratically with accountability to stakeholders and decisions open to scrutiny

Commitment to learn and develop

Learns from best practice, stakeholders and consultations
Makes use of the range of skills and expertise of partnership members
Adapts to a changing environment

Effective performance management

Process includes clear milestones, outcomes, performance indicators and delivery dates
Partners deliver what they have signed up to and share information to support planning and management
Partners' resources used effectively to meet the aims of the partnership

These tools and suggested frameworks are helpful, but the difficulties in finding a valid approach to evaluating partnerships (as evidenced in the wider literature on partnership evaluation) is largely ignored by these frameworks. These difficulties are added to when also considering the potential for undertaking and locating such evaluations in the context of partnerships aimed at promoting wellbeing. Wellbeing as a concept remains highly contested and is often reduced to the realms of subjectivity (Ryff 1989) and present those interested in measuring well being with continuing problems of validity and reliability in capturing individual experiences and understandings of well being (Busseri 2007).

Chapter 4 The Concept of Health and Well Being

Locating a consensus on health and well being was problematic from the outset. The best known definition of health and well being is that of the World Health Organisations, which has been consistently used since the early 1970s (Breslow, 1972; WHO 1998). In their definition, WHO states that health is:

"A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" ……"So health and wellbeing are often used synonymously. Health and wellbeing can be described in terms of function (physical, mental and social) and feeling (physical, mental and social). When there is an impairment of function (which may or may not be the related to active on-going disease), this can be termed disability".

Whilst WHO offer a succinct definition, the implied emphasis on inherent links between body and mind has since provoked many responses which claim that the definition is subjective (Breslow1972). The challenge to the WHO's definition has been well documented in the literature and several critics, such as MacDonald (2005) have refused to subscribe to WHO's definition arguing that:

"it incorporates total well-being under the concept of health and that "the definition is not a relational claim between the various parameters of total well-being and a more limited range of components identified as health. Rather, it is an identity claim such that an individual is not truly healthy unless they have complete wellbeing. In this instance, the idealized condition of complete well-being and the concept of health are synonymous" (MacDonald 2005).

The strong relationship between the body and spirit is thought to be fundamental to our understanding of health and well-being. For example, it could be argued that a person could be chronically ill, yet still be spiritually happy. Over a decade ago, Saracci (1997) raised similar concerns, arguing whether the WHO needed to reconsider its definition of health. Similar to MacDonald, Saracci suggested that: *"health and happiness as distinct experiences and their relationship to each other is neither fixed nor constant".*

Controversy exists between those who perceive health and being distinctly divided between the physical and the psychological (Chiu & Kosinski 1997) and those such as WHO, which claim that they are intrinsically linked. This is further exacerbated when considering urban regeneration, in which dual notions of 'health' and 'well being' are used interchangeably and in an unproblematic way.

Indeed, an often stated long term outcome of regeneration projects is the sustainable increase in the health of those communities involved in the regeneration (Allen 2006; Powell & Dowling 2006). Arguably, this is an outcome which promotes well being. In the context of urban regeneration, health is fundamentally linked to the social and community surrounding. This, some would argue, is the premise on which 'health communities' and 'regeneration' are based (Mindell et al 2004).

On the most part, health and well being have been analysed at a conceptual level. However, it is this level which has fuelled the majority of concerns. For example, Saracci (1997) suggested that the WHO definition had serious conceptual problems; yet, others such as Yach (2007) addressed these criticisms through historical analysis aimed at exploring the origins of WHO definitions. Saracci (1997) discussed the fundamental concerns and problems with assigning definitions to such subjective phenomena as health and well-being. For example, Green (2001) questioned whether, and in what way, the environment might impact upon perceptions of health and well being. She asserts that the key elements in health and well being are broad and context bound within the population, so the environment might impact upon how health and well being are experienced at an individual level, but where this might not, necessarily be a shared experience. The way health and well being is perceived and experienced therefore will vary depending on a range of influences that exist at an individual and community level (Mindell et al 2004).

Recognition of the interdependence between the individual and community is illustrated in the outcomes of the NHS Confederations' Commissioning Health and Well Being consultation (2007). The main thrust of this consultation highlighted the need for commissioners to embrace community involvement in providing services which kept people healthy and independent. The proposed 8 steps to commissioning health and well being included putting people at the centre of commissioning processes; understanding the needs of both populations and individuals, and recognising the interdependence between work, health and well being. On the surface, recognising the importance of interdependence was reflected throughout the commissioning framework; however, these incentives were mainly based within an employment context.

The complexities involved in defining well-being were a focus of Woolrych et al's (2007) recent study, which appraised the evidence base pertaining to the concept of well-being, and which revealed 7 interlinked concepts. Analogous to Greens work in 2001, Woolrych et al suggest that well-being necessitates the need for a multi-layered approach. As a result of their review, Woolrych et al devised a conceptual model of well-being which clearly outlines the main contributing determinants of well-being. This conceptual model has the potential to provide partnership working in regeneration areas with some insight into community and individual outcomes Ascertaining definitive outcomes at the start of partnership working could help to cement shared visions and agreements for the mutual benefit of the community and individual.

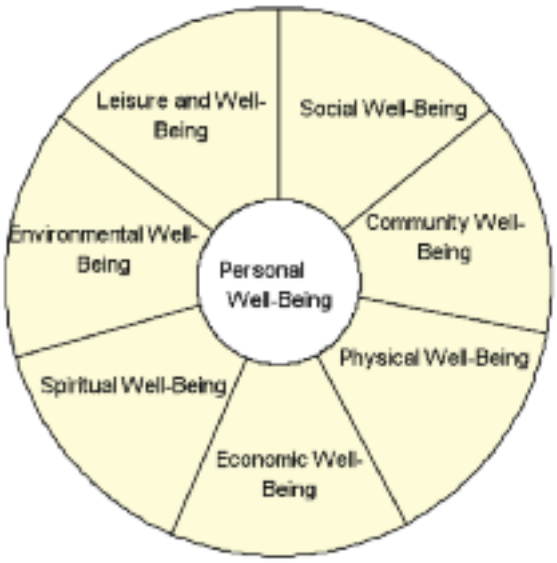


Figure 5 A Conceptual Model of Well Being (Woolrych et al, 2007)

It is clear that local neighbourhood renewal and regeneration initiatives often provide powerful opportunities for addressing health and well being not only of the individual but for the community as a whole. Sampson (2003; 54) asserted that:

"Health-related problems are strongly associated with the social characteristics of communities and neighbourhoods. We need to treat community contexts as important units of analysis in their own right, which in turn calls for new measurement strategies as well as theoretical frameworks that do not simply treat the neighbourhood as a "trait" of the individual".

Likewise, Roberts and Sykes (2000) definition of regeneration describes regeneration as being:

"a comprehensive and integrated vision and action which leads to the resolution of (urban) problems and which seeks to bring out a lasting improvement in the economic, physical, social and environmental condition of an area that has been subject to change".

This definition appears to encompass the multi-faceted 'layers' which have been alluded to in the literature. In addition, the definition also relates well with Woolrych et al (2007) conceptual model of well-being reinforcing the strong connection made of the correlation between urban regeneration and health and well being. Clearly any partnership evaluation instrument would need to be capable of assessing the partnership function at the strategic level, the community based level and the individual level in demonstrating what outcomes were achieved compared to those the partnership set out to achieve. However, it is our contention that despite the well intentioned check lists and commentaries relating to key attributes of partnership working in regeneration areas, there has been an absence of evaluations which have championed the effectiveness of such accomplishments. This was illustrated in Thomson et al's (2005) systematic review of the socioeconomic determinants of health. In their paper, Thomson et al stress that large scale evaluations of many regeneration projects have remained unpublished and hidden from public scrutiny.

Future research which evaluates the impact of partnership working to secure health and well-being in regeneration areas must embrace key concepts of both regeneration and health and well-being. These could be major outcomes which direct future partnership working and should therefore be included within the development and design of a conceptual framework or partnership evaluation.

Chapter 5 The Warnwarth Partnership Evaluation Conceptual Framework

5.1 Illuminative Evaluation

In developing the Warnwarth conceptual model for partnership evaluation, consideration of the many approaches noted above served to reinforce the original intention of undertaking an illuminative evaluation of partnerships, through the development of range of case studies. Illuminative evaluation is not a standard methodological package but a general research strategy (Parlett and Hamilton 1976). Thus the choice of approaches to be endorsed within a particular study should follow not from research dogma but from the decisions in each case as to the most appropriate techniques. Essentially, the problem being investigated dictates the method.

Equally no method is used exclusively or in isolation; different data generating methods are combined to throw a brighter light on the phenomenon under investigation. A 'triangulation' of approach facilitates both the comprehensive nature of the data (Savage 2000) and the confirmation of otherwise, potentially, tentative findings (Shih 1998).

Illuminative evaluation was originally the result of dissatisfaction with traditional research approaches found in the evaluations of the complex interactions of mainstream education programmes (Sloan & Watson 2001). The illuminative approach focuses on the education programme as a whole in its natural context.

It is essentially an exploratory process and is particularly appropriate when evaluation purposes require exploration that leads to description, understanding, and decisions to effect improvements rather than measurement and prediction.

The focus is on the performance that takes place in the learning milieu. It was the notion of an evaluative focus that explored the performance rather than outcomes that attracted us originally to the notion of adopting an illuminative approach in developing our conceptual framework for evaluating partnerships. Sloan and Watson (2001) describe the need to consider within such an illuminative evaluation, the social, psychological and material environment in which individuals and organisations perform in undertaking their social actions. Borrowing from Bourdieu (1990) we describe this virtual and material space in the context of partnership working as habitus. It is both what Sloan and Watson (2001) describe as being the learning the milieu, but it is also different. This shared habitus is a nexus of cultural, social, institutional and psychological variables. We argue that in terms of partnership work, the concept of habitus relates to the range of often largely unexamined assumptions and interpretations held by individuals (and their constituent organisations) and functions as a matrix of perceptions, appreciations and actions. In this context, habitus is the means by which a partnership perpetuates itself through the collective and voluntary actions of its members. It gives the appearance of rationality and intentionality to behaviour that is less than fully conscious. Acknowledging the diversity and complexity of the partnership habitus is an essential prerequisite for the study of partnership and collaborative working.

Such an assertion, enables the approaches to evaluating partnerships outlined above to be considered as part of an illuminative approach, albeit there are still some difficulties associated with this suggestion.

For example, using Mackintosh's work on partnership synergy it is possible to see why elements of this approach could be helpful in evaluating the partnership case studies. One of these elements, Leadership, is relatively easy to conceptualise, but difficult to record in terms of felt experience.

Thus the challenge remains in accepting the importance of leadership as a critical element of effective partnership working, whilst simultaneously 'grappling with' the difficulty in measuring this in terms of impact on partnership effectiveness. Indeed the work of Weiss et al (2002), albeit using a structured quantitative approach suggested that two of the original elements of the Mackintosh synergy model did not impact on the effectiveness of the partnership synergy. These were the partner involvement challenges and the community related challenges. It maybe possible to argue that like leadership, these two elements of effective partnership working are easy to articulate in terms of concepts but harder to measure in terms of acceptable proxy measures. Thus using statistical analysis of these two elements in use may be methodologically unsound. So whils the synergy approach to partnership evaluation is a strand that can be included, the difficulties in achieving authenticity of evaluation outcome remain. Likewise, whilst the long established work of Huxham and Vangen's work (2002) remains useful in suggesting that such elements as history of working together, shared financial resources and effective communication processes are all trigger elements in partnerships and collaborative working, there remains epistemological difficulties in taking these concepts past that which can be measured in relation to these aspects of partnership working.

Indeed, it is the work of relationships, the human side of organisations, where understanding the effectiveness of partnership working really acquire a new level of difficulty. For example, how we as individuals gain a sense of self, and self in relationship to others will impact upon the relationships we enter into and use in different situations (Warne 1999). Yet as was noted above, these are often largely hidden processes. The dynamics of individual relationships are largely characterised by unconscious processes of transference and counter transference. In dealing with what can often be a very turbulent organisational environment many individuals unconsciously utilise defence mechanisms such as projection, splitting and so on to maintain emotional homeostasis (Warne et al 2007). The focus of partnership working, as with many other relationships is built around engagement, a complex reciprocal process concerning the individual, other individuals and groups and their organisations.

These intra, inter and extra personal relationships provide a stage for the drama triangle of victim, persecutor and rescuer to be played out (Karpman, 1968; Warne & McAndrew, 2006). The scripts for these dramas arise from how individuals, groups and organisations add or respond to the turbulence of 'everyday' organisational life. These dramas are characterised by relationships that use and misuse of power, whether this be economic, gender, psychological, relationships where trust, positional, personal rationale is present or absent, and which are culturally defined by resistance to or acquiescence of the prevailing local, national, organisational and professional norms.

Partnership working therefore, can be experienced as a messy reality despite the often authoritative rhetoric and guidance that is readily available and used in policy documents. Evaluating the effectiveness of partnership working appears difficult in terms of methodologies unable to adequately deal with such messiness. Figure Six schematically provides an illustration of the tensions between that which is seen as being the rationale, linear, and measurable aspect of partnership evaluation and the inter-relatedness of these elements to the diverse and unpredictable (and thus not easy to measure) aspects of partnership working.

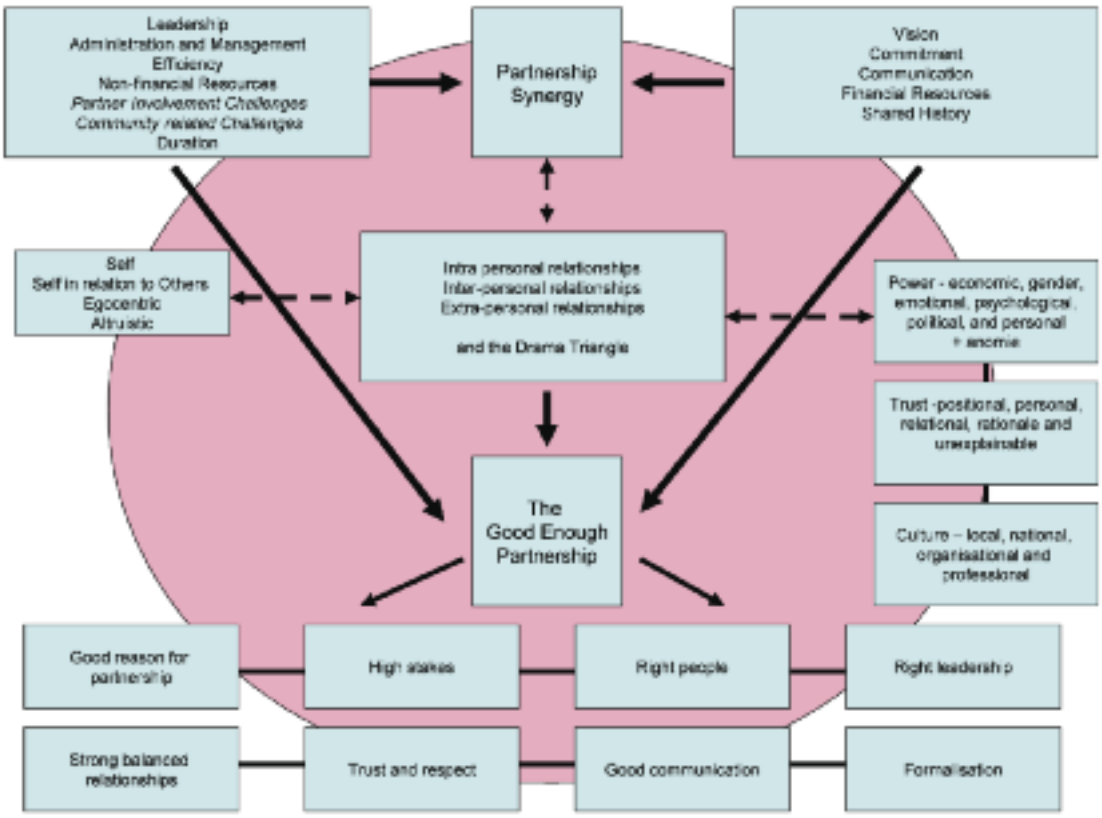


Figure 6 The Warnarth Conceptual Framework for Partnership Evaluation

Indeed, Mackintosh (1992) in setting out her synergy model of partnerships, does so partly on the grounds of responding to what she see as the high level of ambiguity that typifies the operation of many partnerships. This is a refrain often heard (Himmleman, 1996).

Lorentz (1989), Mackintosh (1992) and Warne (1999) in describing the complexity and messiness of partnership working, all highlight the emotional dimension of the relationship interactions. For Lorentz, the partnerships involve commitment, dependency, normative rules interpreted as rules of engagement based upon mutual trust. For Mackintosh the partnership may generate conflict and ambiguity arising from different objectives and interests even though there may be a genuine desire between partners to understand and resolve these differences. For Warne, partnership working involves a constantly negotiated understanding of reciprocal responsibilities a process often characterised by ambivalence.

It is these emotional elements to the process of partnership working which make partnerships hard to evaluate, yet which are crucial to helping the partnership to work. What is a constant in these analyses is the concept of engagement, negotiation and movement. The notion of engagement as a complex reciprocal process within the context of partnership working is perhaps best understood as a process of forming and holding a 'good enough' relationship between the individual and others in a partnership so that particular work is able to occur. We felt this notion of a 'good enough' relationship might be worth considering in terms of developing our conceptual framework for evaluation.

5.2 The Good Enough Partnership

Our use of the idea of a 'good enough' relationship arises in part from Winnicott's (1965) psychoanalytic idea of 'good enough' mothering. Although we intended to use the 'good enough' idea in the ordinary colloquial way, as in. "is that good enough to do the job?" we are also drawn to the importance of the contribution of Winnicott's idea of good-enough mothering lay in his attempt to theorise the 'ordinary' maternal relationship which allows the possibility for infant emotional development – in this way, it is at heart, an intensely pragmatic concept.

Likewise, Winnicott's idea of a 'holding environment' of good-enough mothering – a safe place for individuals to be in order to learn and develop, has been used within psychoanalytic therapy as a central metaphor for the therapeutic relationship (Warne & McAndrew 2007), it has also been used as a metaphor for the type of supportive organisational environment that allows for the development of individual identity, promotes organisational learning and facilitates organisational change (Antonacopoulou & Gabriel 2001). Such environment (the good enough partnership) might be that which is able to maintain the individual and organisational identity of partnership members, promote learning across and within the partnership and allow for the partnership to safely change and re-change in order to more effectively meet the partnership goals.

In Figure Six we have started to deconstruct what such a 'holding environment' (page 26) might consist of. As with Winnnicott's notion of the 'good enough' mother, the 'holding environment' is made up only of possibilities, ideals and ultimately compromise. Just as the mother takes an interest in the welfare and development of her child, and this is done through the provision of nurturance, warmth, safety and stimulation, the organisation (in this case the partnership) has a vested interested in providing similar (metaphorically) sustenance and support. So in creating the conceptual model we have taken from our reading of the wider literature, literature, those aspects that might best represent such sustenance and support. It was the work of Brown et al, (2006) that provided an accessible way of presenting these aspects and these are briefly described here:

Right reasons – Within partnerships, there should be a shared vision of what might be possible through the partnership working effectively. This is a positive vision articulated in a way that reveals a tangible desire to undertake collaborative partnership working rather than being simply a negative response to external pressures for pursuing partnership. However, agreeing the right reasons and goals for a partnership is not always easily negotiated. The process of negotiation might in itself, reveal the covert and hidden reasons for entering a partnership and discovering these is likely to impact on successfully developing a partnership.

Likewise, overarching and grand reasons for entering into a partnership (such as promoting opportunities for increasing well being in a community) which might be shared by all members, may be translated in more ambiguous ways as intermediary and precise end objectives get developed. Having the right reasons is also about ensuring

that a long-term focus is kept in mind across the partnership. It is also a about understanding the lifespan of the partnership. Clearly as was noted above some partnerships are created to undertake time limited specific work, whereas other partnerships will have a life cycle that unfolds over time and with discernable stages of development and decline. Thus, just as there needs to be the right reasons for creating a partnership, there should also be right reasons for staying in or dissolving a partnership.

High stakes – These will include having compelling reasons for all individual member organisations (and individuals) working towards ensuring that the partnership is successful – so more than just the rhetorical notion that working in partnership is just a good thing to do! This might mean for example, contributing finance and other resources which demonstrate the partnership members commitment to the partnership. Equally, it might mean that processes need to be agreed and in place that ensure all participants are accountable and responsible for partnership outcomes.

If the survival of the partnership is relatively unimportant for the survival of one of the member organisations involved, the stability and capability of the whole partnership is threatened. Likewise this aspect recognises that at times each individual member of the partnership may need to invest in each other and the partnership. Clearly, agreeing what the desired partnership outcomes are is a crucial aspect of the early development of the partnership.

Right people – This means involving the best and most appropriate individuals, and to sufficiently empower them to have a reasonable degree of autonomy to take decisions forward on behalf of the partnership. Crucially, this aspect requires the identification and inclusion of all the appropriate stakeholders, and although often difficult to achieve, issues around appropriate and equitable representativeness need to be addressed. This is an aspect that is concerned with membership numbers and membership expertise, experience and knowledge.

In many partnerships the greater the range and diversity of perspectives, experience and so on, the greater the potential is for partnership effectiveness. However, there is a risk that too many different views will result in more conflict than collaboration, and the successful partnership (in terms of avoiding member conflict) will be those partnerships that are effectively managed. Effective management will help ensure that partnership members are working in ways that maximise the positive factors said to enhance partnership working (see Lasker et al 2001). People will ultimately determine and shape the partnership culture, which may be different from that of their 'parent' organisation. Organisational culture, as was noted above, can be both a constraining or liberating habitus.

Right Leadership – This aspect appears in nearly all evaluation instruments and assessment tools. Effective leadership is seen as being possibly the most crucial element in achieving effective partnership working. Often leadership is described as a function, type, personality and/or approach. The right leadership is all of these. What is clear is that they need strong relationship skills that fosters respect, trust, inclusiveness and openness amongst the partnership members. The right partnership leadership is also one that recognises that at different times the partnership might require different leadership styles and approaches, and these should be identified and utilised when appropriate. This aspect is also concerned with ensuring the top level organisational support for partnership participation and collaboration is constantly in evidence from the partnership members 'parent' organisations.

Strong, balanced relationships – Relationship building is time consuming, challenging and not everyone will be successful at achieving this within a partnership. There is a need to ensure that relationships are 'managed', 'nurtured' and 'supported' in ways that also ensure creative, varied and wide connections are made at many levels, and which promote greater interdependent working. This may require that organisational differences are identified and addressed, even if this is undertaken in temporary ways. Often the cause for such difference is imbalances in power, whether these are real or perceptual.

Wherever possible power differentials should be addressed and the importance of differences in organisational culture in terms of significance and 'ways of doing' need to be valued and understood. There are clear implications here for how partnership decision making processes are developed and utilised, although it may not be possible to agree in advance how 'differences' will always be dealt with.

Trust and Respect – Within this aspect there is a need to move from the espoused theory of approach to one that is recognised as being an authentic 'values in action' approach. Thus all contributions need to be valued and respected, individuals at all levels of responsibility within the

partnership need to behave with integrity. All of which will require time. Trust can not be purchased, enforced and is unlikely to occur in the absence of a strong commitment to shared values. Trust takes time to develop, but can be destroyed very quickly.

Good communication - One of the most important aspects of all relationships is the ability to communicate effectively. Thus individual members need to ensure within their organisations and across the partnership that communication is as open as is possible. It is unlikely that partnerships will remain dynamic and responsive to changes in their environment if individual partnership members stop communicating with each other. Individuals will need to be confident in the messages being communicated and by whom, and feel that there is a genuine and safe opportunity to communicate ideas, criticisms and so on. This will help reduce the risk or partnerships simply creating new bureaucracies, and will help ensure that information and knowledge is exchanged within and across the partnership. Communication is about learning to listen to others, learning to understand what the message is rather than simply what might be being said, and it is about learning to value ideas, suggestions, criticisms and views of others.

Formalisation – This is often a stage or process of work that newly formed partnerships work through, particularly in the absence of trust within and across the partnership. Even relatively simple partnerships will require governance structures that can support the decision making processes of the partnership. This aspect need to be under constant review so that appropriate shared decision-making processes recognise the authority, accountability, confidentiality, and responsibilities of each individual member and where these need to be challenged in terms of the partnership arrangements and vision. This formalisation process acts to ensure that the partnership can endure and survive beyond the active participation of individual partnership members.

Whilst these aspect of the 'good enough' partnership are drawn from our review of the literature, there is a need to recognise that the busyness of organisational life, the demands placed upon individuals within these organisations mean that these aspects, people, communication, relationships and so on are all likely to be severely challenged. Likewise, finding the 'effectiveness evidence' of the organisational translations of these elements in practice presents similar challenges to the evaluator.

5.3 The 'Good enough' methodology

There is a further reason for considering the 'good enough' approach in developing the conceptual framework which relates to the evaluative methodology and choice of methods. Like others, (Thomas 1998) we challenge the notion that all research is rational. Indeed, in complex contexts such as exploring partnership effectiveness, we have described the difficulties in finding a methodology and set of methods that addresses all the various concerns discussed. The 'good enough' concept allows for a different approach. This is one where we want to encourage individuals to act as bricoleurs in using the conceptual framework to evaluate the various case studies that will make up the data collection stage of these partnership evaluations. Denzin and Lincoln (2000 p4) define a bricoleur as a:

"Jack of all trades or a kind of do it yourself person who deploys whatever strategies, methods, or empirical materials are at hand… …if new tools or techniques have to be invented or pieced together, then the researcher will do this"

The origins of bricolage in the context of research can be traced back to the anthropological work of Levi Strauss in his work The Savage Mind, and to Denzin and Lincoln in the work on qualitative methodologies. The development of thier work in this area, can likewise be traced back to work of Simmel, Goffman, Garfinkel and Schutz who as sociologists were all interested in better understanding 'everyday life'. Warne (1999) used a form of bricolage in his 'hunt and peck' ethnography of relationships used in GP Fundholders during the mid 1990s. This was not the ethnography of people but of the sociological topic of relationships – albeit these involved the behaviour and actions of people. Bricolage is a multifaceted approach to the research process whereby differing epistemo-logical positions and mixed methods of data collection can be utilised to bring a richer understand of human beings and the complexities of their lived experiences. In essence, the bricoleur has the ability to creatively and resourcefully use all materials that are at hand in order to achieve greater insight to the topic/s being researched. The bricoleur brings those aspects of various philosophies and methodologies that can be utilised within a given research methodology for the purpose of trying to gain insightful answers to the research question posed. So the notion of the bricolage advocated here recognises the dialectical nature of such relationships and in this context, the

bricolage is concerned not only with divergent methods of inquiry but with diverse theoretical and philosophical understandings of the various elements encountered in the act of research. We argue that such methodological pluralism is necessary in addressing the diversity of partnerships that might form the focus for evaluation. As such no panacea of 'appropriate' method is proposed. The conceptual framework is offered as just that; a framework upon which at some later stage, the cases, examples, theories and issues that develop around and from the case studies can eventually be integrated into an analytically coherent whole.

5.4 Conclusions

This report sets out how the Warnwarth conceptual framework for partnership evaluations was developed. The Warnwarth framework can be used to undertake case study evaluations of a range of different health and well being regeneration projects. The development of this conceptual framework results from an exploration and review of wide range of literature concerned with the processes, functions and organisation of different partnerships in the context of community regeneration. A number of existing evaluation tools, methods and conceptual approaches were highlighted. The strengths and weaknesses of these approaches were discussed, and elements from these approaches have been used in constructing the Warnwarth conceptual framework. No one methodology is being suggested in using the Warnwarth conceptual framework as part of the case study evaluations.

Evaluators are encouraged to act as bricoleurs in developing their local approach to case study evaluations. We suggest that bricoleurs utilise their consciousness regarding the relationship between their way of seeing the world and the way in which the social location of their own personal history will shape the production and interpretation of knowledge. Thus, researchers and evaluators, whether employed in considering partnerships, partnership working, who are able to employ multiple processes to elicit and challenge the assumptions that they hold, are more likely to be able to critically construct new meanings about themselves and others, are likely to be fully aware of the fundamentally dynamic nature of these meanings. We conclude that the Warnworth Conceptual Framework can support the bricolage approach. It helps provide the individual (as a researcher and/or practitioner) with a platform whereby one's own thinking on a given subject can be re-visited, re-evaluate what has been written and if necessary change one's mind. Importantly, in the context of examining partnerships that promote health and social care, it can give rise to further thinking in terms of the engagement of intra, inter and extra-interpersonal dynamics involved.

References

Allen T (2001) The politics of regeneration. *Housing, Theory and Society*, 18 136 – 147

Allen T (2006) Improving housing, improving health: the need for collaborative working. *British Journal of Community Nursing* 11, (4) 157 - 161

Alter C and Hage J. (1993), *Organizations Working Together.* Newbury Park, CA, Sage

Antonacopoulou E and Gabriel Y (2001) Emotion, Learning and Organizational Change. *Journal of Organizational Change Management* 14 (5) 435-451

Atkinson R (1999) Discourses of Partnership and Empowerment in Contemporary British Urban Regeneration, *Urban Studies*, 36:1, 59 - 72

Audit Commission (1998) A Fruitful Partnership: effective partnerships, The Audit Commision.

Axelrod R.(1984) The Evolution of Cooperation, New York: Basic Books.
Bailey D. and Koney K., (2000) *Strategic Alliances among Health and Human Services Organizations: from Affiliations to Consolidations,* London: Sage.

Ball M, and Maginn P (2005) Urban change and Conflict: evaluating the role of partnerships in urban regeneration in the UK. *Housing Studies* 20 (1) 9-28

Balloch S. and Taylor M. (eds) (2001) *Partnership Working: Policy and Practice,* Bristol: Policy Press.

Bennis W., and Nanus B., (1985) *Leaders: The strategies for taking charge.* New York: Harper-Collins.

Blackman T., (1995) *Urban Policy in Practice London,* Routledge.

Booth P., (2005) Partnerships and networks: the governance of urban regeneration in Britain. *Journal of Housing and the Built Environment.* 20(3) 2005, 257-269.

Bourdieu P., (1990) *In other words: Essays towards a reflexive Sociology, trans. Matthew Adamson,* Standford University Press, California.

Boydell L (2001) Partnership Framework: a model for partnerships for health, Institute of Public Health in Ireland, Dublin

Breslow L., (1972) A quantitative approach to the World Health Organization definition of health: physical, mental and social well-being. *International Journal of Epidemiology* 1, 347-355.

Brown M., (1996), *"Keeping Score: Using the Right Metrics to Drive World-Class Performance"*, Quality Resources: New York.

Brown D., White J., and Leibbrant L., (2006) Collaborative partnerships for nursing faculties and health service providers: what can nursing learn from business literature? *Journal of Nursing Management,* 14, 170–179

Busseri M., (2007) A Hybrid Model for Research on Subjective Well-being: Examining Common- and Component-specific Sources of Variance in Life Satisfaction, Positive Affect, and Negative Affect. *Social Indicators Research* 83(3)

Butterfoss F., Goodman R, and Wandersman A.,: Community coalitions for prevention and health promotion: Factors predicting satisfaction, participation, and planning. *Health Education Quarterly* 23:65- 79, 1996.

Cameron A. and Lart R. (2003), 'Factors promoting and obstacles hindering joint working: a systematic review of the research evidence', *Journal of Integrated Care,* 11, 2, 9–17.
Castelfranchi C., (2003) The Micro-Macro Constitution of Power. *ProtoSociology*, 18-19.

Challis, L., Fuller, S., Henwood, M., Klein, R., Plowden, W., Webb, A., Whittingham, P., and Wistow, G. (1988) *Joint Approaches to Social Policy: Rationality and Practice,* Cambridge: Cambridge University Press.

Chiu K., and Kosinski A., (1997) Relationships between dispositional traits and self-reported job satisfaction and distress: An investigation of nurses and teachers in Hong Kong. *Journal of Managerial Psychology,* 12: 71–85.

Coppel D., and Dyas J., (2003) Strengthening links between health action zone evaluation and primary care research. *Primary Health Care Research and Development* 4 39-47

Coulson A., (2005) A plague on all your partnerships: theory and practice in regeneration. *International Journal of Public Sector Management,* 8 (2) 151-163

Denzin, N., & Lincoln, Y. (2000). *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.

Department of Health (2006) *Our Health, Our Care, Our Say. A New Direction for Community Services.* HMSO. London.

Department of Health 1997: *The new NHS: modern and dependable.* The Stationary Office. London

Department of Health 1998: *Working together.* The Stationary Office London.

Department of Health (1999) *The Health Act.* HMSO. London.

Department of Health 2000a: *The NHS plan.* The Stationary Office London

Department of Health 2000b: *Shifting the balance of power within the NHS: securing delivery.* The Stationary Office London

Department of Health (2001) *Health and Social Care Act.* The Stationary Office. London.

Department of Health 2005: *Creating a patient-led NHS: delivering the NHS improvement plan.* The Stationary Office London

Department of Health. 2006: *Our health, our care, our say.* The Stationary Office London.

Dowling, B., Powell, M., and Glendinning, C. (2004), 'Conceptualising successful partnerships', *Health and Social Care in the Community,* 12, 4, 309–317.

Elander I., (2002), 'Partnerships and urban governance', *International Social Science Journal,* 54, 2, 191–204.

Evans D, and Killoran A., (2000) Tackling health inequalities through partnership working: learning from realistic evaluation. *Critical Public Health.* 10 (2). 125 – 40

Ferlie E., and McGivern G., (2003) Relationships between Health Care organisations. *A Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation.* Imperial College, London

Fisher S., Hunter, T., and Macrosson, W., (1997). Team or group? Managers' perceptions of the differences. *Journal of Managerial Psychology,* 12(4), 232-242.
Fitzgerald L., Johnston R., Brignall T., Silvestro, R. and Voss C., (1991), *Performance Measurement in Service Businesses,* The Chartered Institute of Management Accountants: London.

Glendinning C., and Coleman A., (2000) Taking your partners: developing relationships between primary care groups and local authorise. *Research, Policy and Planning* 18, 25-33

Glendinning C., Hudson B., Hardy B., and Young R. (2002), *'National Evaluation of notifications for use of the Section 31 Partnership Flexibilities in the Health Act 1999: Final Project Report',* National Primary Care Research and Development Centre, Manchester and Nuffield Institute for Health, Leeds.

Granovetter M., and Swedberg R., (1992) *The Sociology of Economic Life* Oxford, West View Press

Gray B., (1996) Cross-sectoral partners: collaborative alliances among business, government and communities. *In Creating Collaborative Advantage* (C. Huxham ed.), Sage, London, UK.

Green E (2001) Health and well-being: Does our environment matter? *Institute for Environment and Health.* January. Pgs 1- 6

Hamilton P., (2004), Regeneration, rhetoric and the NHS: the case of the vital connection. *The International Journal of Public Sector Management* 17, 1. 8-23

Hastings A., (1996), 'Unravelling the process of 'partnership' in urban regeneration policy', *Urban Studies,* 33, 2, 253–268.

Hastings A., (1998) Connecting linguistic structures and social practices: a discursive approach to social policy analysis. *Journal of Social Policy* 27 (2) 191 -211

Henderson J., Wilkins K., and Barnes J., (2002) *Getting started with a local sure start evaluation.* National Evaluation of Sure Start, London.

Himmleman A. (1996) Collaboration and the three T's: time, trust and turf constraints. *Health System Leader* 3 (10), 13–16.

Holland K., Warne T., Lawrance K., (2006) *Finding the evidence for Education & Training to deliver Integrated Health and Social Care: The Project Experience.* Shaping the Future for Primary Care Education & Training Project, University of Salford, Salford

Howarth M., Grant M., and Holland K., (2004), *Shaping the Future for Primary Education & Training Project: A Systematic Review of the Literature.* University of Salford, Salford

Hudson B., (1999a) Primary health care and social care: working across professional boundaries part one: the changing context of interprofessional relationships. *Managing Community Care* 7 (1) 15 – 22

Hudson B., (1999b) Primary health care and social care: working across professional boundaries part two: models of interprofessional collaboration. *Managing Community Care* 7 (2) 15 - 20

Hudson B. and Hardy B. (2002), 'What is a "successful" partnership and how can it be measured?', in C. Glendinning, M. Powell and K. Rummery (eds), *Partnerships, New Labour and the Governance of Welfare,* Bristol: Policy Press.
Huxham C., (1996) Advantage or inertia? Making collaborations work. In *Creating Collaborative Advantage* (C. Huxham ed.), Sage, London, UK.

Huxham C., and Vangen S., (2000) Ambiguity, complexity and dynamics in the membership of collaboration. *Human Relation* 53 (6) 771 -806

Johnson C, and Osborne S, (2003) Local strategic partnerships, neighbourhood renewal and the limits to co-governance *Public Money and Management* 23 147-154

Jonsdottir H., Litchfield M. and Pharris M., (2003) Partnership in practice. Research and Theory for Nursing Practice: *An International Journal* 17(1), 51–63.

Kanter R., (1994) Collaborative advantage: the art of alliances: successful partnerships, manage the relationship not just the deal. *Harvard Business Review* July-August 96 -108

Kaplan R., and Norton D., (1992), "The Balanced Scorecard – Measures that Drive Performance", *Harvard Business Review,* Vol. 70, No. 1, January / February, pp71 – 79.

Kaplan R., and Norton D., (1996), *"The Balanced Scorecard - Translating Strategy into Action",* Harvard Business School Press: Boston, MA.

Karpman S., (1968). Fairy tales and script analysis. *Transactional Analysis Bulletin* 7:26, 39-44

Keohane R.,. (2002) *Political Accountability.* Conference Proceedings, Delegation to International Organisations. Park City, Utah.

Kets de Vries M., (1995) *Life and death in the executive fast lane.* San Francisco: Jossey-Bass.

Kincheloe J., (2001) Describing the Bricolage: Conceptualizing a New Rigor in Qualitative Research. Qualitative Inquiry, 7 (6), 679-692

Koppell J., (2005). "Pathologies of Accountability: ICANN and the Challenge of "Multiple Accountabilities Disorder"." *Public Administration Review.*

Lasker R., Wiess E., and Miller R., (2001) Partnership synergy: a practical framework for studying and strengthening the collaborative advantage. *The Millbank Quarterly* 79 (2), 179–205.

Lee S., Chen W., and Weiner B. (2004) Communities and Hospitals: Social Capital, Community Accountability, and Service Provision in U.S. Community Hospitals. *Health Services Research* 39:5, 1487–1508

Linden R. (2002) A framework for collaborating. *Public Manager* 31 (2), 3–7.

Limerick D., Cunnington B., and Crowther F., (1998). *Managing the New Organisation: Collaboration and Sustainability in the Post-Corporate World,* Business and Professional Publishing, Warriewood, NSW, Australia.

Ling T. (2000), 'Unpacking partnership: the case of health care', in J. Clarke, S. Gewirtz and E. McLaughlin (eds), New Managerialism, New Welfare, Thousand Oaks: Sage.

Lingle J., and Schiemann W., (1996) "From Balanced Scorecard to Strategy Gauge: is measurement worth it?", *Management Review,* March, 56 – 62
Long F., and Arnold M., (1995). *The Power of Environmental Partnerships.* Fort Worth, The Dryden Press.

Lorentz E., (1989) Neither Friends nor Strangers: informal networks of subcontracting in French industry, in D. Gambetta, (ed) *Trust: Making and Breaking of Co-operative relationships* Oxford, Blackwell

Macaulay, S. (1963) Noncontractual relations in business, in *American Sociology Review,* 28, pp. 55-70.

Mackintosh M., (1992), 'Partnerships: issues of policy and negotiation', *Local Economy,* 7, 3, 210–224.

Manthorpe J., and Iliffe S., (2003) Professional predictions: June Huntington's perspectives on joint working, 20 years on. *Journal of Interprofessional Care* 17 (1) 85 - 94

McDonald C (2005) *Problems with the Who Definition of Health.* (Accessed 31-05-07.

Mindell J., Boaz A., Joffe M., Curtis S., and Birley M., (2004) Enhancing the evidence base for health impact assessment *Journal of Epidemiology and Community Health,* July 1, 58(7): 546 - 551.

Mitchell S., and Shortell S., (2000) The governance and management of effective community health partnerships: A typology for research, policy and practice. *Milbank Quarterly* 78:241-289.

Murdoch, S (2005) Community development and urban regeneration. *Community Development Journal.* 40 (4) 2005 October, 439-446.

Myers P., Barnes J., and Brodie I., (2004) Partnership working in sure start local programmes synthesis of early findings from local programme evaluations Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London

Neely A., (1998), *"Performance Measurement: Why, What and How"* Economist Books, London.

Parlett M., and Hamilton D. (1976) Evaluation as illumination. In, Tawney D.(ed) *Curriculum Evaluation to-Day: Trends and Implications,* Macmillan Education, London, pp. 84-101.

Peters T., and Waterhouse R., (1982) *In Search of Excellence: Lessons from America's BestRun Companies,* Harper and Row, New York.

Ponterotto J., (2005) Qualitative research in counselling psychology: A primer on research paradigms and philosophy of science. *Journal of Counselling Psychology.* 52 (2) 126-136

Porter M., (1980) *The Competitive Advantage of Nations.* New York, Free Press

Powell M., and Dowling B., (2006) New Labour's Partnerships: Comparing Conceptual Models with Existing Forms *Social Policy & Society* 5:2, 305–314

Powell M., and Exworthy M., (2002), 'Partnerships, quasi-networks and social policy', in C. Glendinning, M. Powell and K. Rummery (eds), *Partnerships, New Labour and the Governance of Welfare,* Bristol: Policy Press.

Powell M., and Glendinning C., (2002), 'Introduction', in C. Glendinning, M. Powell and K. Rummery (eds), *Partnerships, New Labour and the Governance of Welfare,* Bristol: Policy Press.

Reitan T., (1998), 'Theories of interorganisational relations in the human services', *Social Service Review,* 72, 3, 285–309.

Richardson W., and Allegrante J., (2000) Shaping the future of health through global partnerships, in Koop CE, Pearson CE, Schwarz MR (eds.): *Critical Issues in Global Health.* San Francisco, Jossey-Bass, pp. 375-383.

Ryff C., (1989) Happiness is everything, or is it? Explorations on the meaning of psychological well being. *Journal of Personality and Social Psychology* 57 (6) 1069 - 1081

Savage J. (2000) One voice, different tunes: issues raised by dual analysis of a segment of qualitative data. *Journal of Advanced Nursing* 31, 1493-1500.

Sampson RJ. (2003) The neighbourhood context of well-being. *Perspectives in Biology and Medicine.* 46 (3) 53-66.

Saracci R (1997) The world health organisation needs to reconsider its definition of health. *BMJ*. 314: 1409

Senge P., (1990) *The Fifth Discipline: The Art and Practice of the Learning Organization,* Doubleday Currency, New York.

Shih F., (1998) Triangulation in nursing research: issues of conceptual clarity and purpose. *Journal of Advanced Nursing* 28, 631-641.

Sirotnik K., (2004). Holding Accountability Accountable. *What Ought to Matter in Public Education*. New York and London, Teachers College Press.

Sloan G., and Watson H., (2001) Illuminative evaluation: evaluating clinical supervision on its performance rather than the applause *Journal of Advanced Nursing,* 35 (5) 664-673

Snape D., and Stewart M., (1996), *Keeping up the Momentum: Partnership Working in Bristol and the West of England,* Bristol: Bristol Chamber of Commerce of Initiative.

Stark S., Stronach, I., Warne, T., Skidmore, D., Cotton, A., & Montgomery, M. 2000 Teamworking in mental health: zones of comfort and challenge. *Research Professional Education* 17, ENB, London.

Stark S., Stronach I., and Warne T., 2002 Teamwork in mental health: rhetoric and reality. *Journal of Psychiatric and Mental Health Nursing* 9; 411-418

Stoker G., (1998a), 'Public–private partnerships and urban governance', in J. Pierre (ed.), *Partnerships in Urban Governance: European and American Experience,* Basingstoke: Macmillan.

Stoker G., (1998b), 'Theory and urban politics', *International Political Science Review,* 19, 2, 119–129.

Suffolk Partnership Evaluation Toolkit (2002), Suffolk County Council, Suffolk

The Devon Health Forum (2003) *Health and Well-Being Screening Checklist. A Guide to using Health Impact Assessment in your Organisation Devon Health Forum.*

The NHS Confederation (2007) *Commissioning Framework for Health and Well-Being. A Consultation.* NHS Confederation Publications. London.

Thomas, G. (1998). The myth of rational research. *British Educational Research Journal, 24,* 2.

Thomson H, Atkinson R, Petticrew M, Kearns A (2006) Do urban regeneration programmes improve public health and reduce health inequalities? A synthesis of the evidence from UK policy and practice (1984-2004). *Journal of Epidemiology Community Health.* 60: 108-115.

Waddock S., (1988) Building social partnerships. *Sloan Management Review* 29 (4), 17–23.

Wageman R., (1997). Critical success factors for creating superb self-managing teams. *Organsiational Dynamics,* 26 (1), Summer, 49-62.

Warne T., 1999, *Customs and Contracts in the UK GP Fundholding scheme.* Unpublished PhD thesis, Manchester Metropolitan University.

Warne T., and McAndrew S., 2006, Splitting the difference: the heroes and villains of mental health policy and nursing practice, *Issues in Mental Health Nursing* 27. 9 1001-1013

Warne T., and McAndrew S., (2007) Bordering on insanity: Mis Nomer, reviewing the case of the condemned women *Journal of Psychiatric and Mental Health Nursing* 14, 155-162

Warne T., and McAndrew S., King M., and Holland K., (2007) Rhetorical organisations of defense in primary care *Primacy Health Care Research and Development* 8 (2) 183 -192

Warne T., King M., Street C., McAlonan C., (2006) *Finding the evidence for Education & Training to deliver Integrated Health and Social Care: The Primary Care Workforce Perspective.* Shaping the Future for Primary Care Education & Training Project, University of Salford

Warne T., Skidmore D., and McAndrew S., (2002), *The NHS Plan: a Policy-Practice Tension,* phoenixtn.net/evora/papersOriginal/presentation

Warne T., Stark S., Shah M., 2004 *Using Community Evaluators in evaluating community regeneration projects.* East Bolton Regeneration, Bolton MBC

Webb A., 1991 Coordination – a problem in public sector management *Policy and Politics* 19 (4) 229-241

Weiss E., Miller Anderson R., Lasker R., (2002), Making the Most of Collaboration: Exploring the Relationship Between Partnership Synergy and Partnership Functioning. *Health Education & Behavior,* 29 (6): 683-698

Wilkinson D., and Appelbee E., (1999). *Implementing holistic government: joined-up action on the ground.* London: Policy Press/Demos.

Wilson A., and Charlton K., (1997) Making Partnerships Work: *A Practical Guide for the Public, Private, Voluntary and Community Sectors.* Joseph Rowntree Foundation, York)

Winnicott D., (1965) *The Maturational Process and the facliating environment.* London, Hogarth

Woolrych R, Sixsmith J., Kagan C., (2007) *The Impact of Regeneration on the Well-Being of Local Residents: The Case of East Manchester.* Research Institute for Health and Social Change.

Yach D (2007) *Health and Illness: the Definition of the World Health Organisation.* WHO. Geneva.

World Health Organization, (1998). *Definition of Health* http://www.who.ch/aboutwho/definition.htm. (Accessed 07-06-07)

Notes

Education Development Unit
University of Salford
Salford, Greater Manchester
M5 4WT
United Kingdom

T +44 (0)161 295 2331
F +44 (0)161 295 2332

www.edu.salford.ac.uk

ISBN 978-1-905732-33-3
9 781905 732333

the design and print group www.ils.salford.ac.uk/media (25154/08)