

# Evaluating the Partnership Process

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## **Abstract**

*This study contributes to the shift in the evaluation of partnership policies beyond operational success factors and auditing the establishment of joint working arrangements. We propose a framework derived from Lowndes and Skelcher's (1998) partnership lifecycle and Liddle and Gelsthorpe's (1994) partnership hierarchy. The model was tested on an evaluation of the development of a multi-agency domestic abuse partnership (involving health, social services, voluntary organisations and the police). Results from a questionnaire to all members of the partnership (n=19 replied) and a follow up interview with regular attendees (n=11) are firstly organised into the four partnership lifecycle stages and then evidence relating to different levels of integration are distilled. This multi-agency partnership was able to move from the communicating to co-operating level due to the dedicated funding it had attracted. This led us to discuss some of the difficulties inherent in encouraging greater integration between different organisations, especially in light of the confusing policy messages about flexible partnerships and structural change as levers. We have shown our proposed framework to be useful within the constraints of our data, but stress that it requires to be more extensively tested in other evaluations.*

**Key Words:** domestic violence, partnership, inter-agency working, spouse abuse

## **Introduction**

A lot is known both about the process of developing partnerships (Balloch and Taylor, 2001) and the ingredients for their successful functioning (Audit Commission, 1998). Recent activity has focussed on encouraging (Plamping et al, 2000) or measuring (Hardy et al, 2000) the development of effective partnerships. This is not to underestimate the 'significant obstacles' currently in the way of joint working (Iliffe et al, 2001). For example, Secker and Hill (2001) reported that inter-agency partnerships were problematic for all involved. Their study highlighted the issues of lack of information sharing, role boundary conflicts, and inter-professional differences in perspective. Hudson (1999) showed that health and social care partners needed time to establish trust and that there could be problems related to communication, roles, and authority levels between strategic and operational groups. However, in recent monitoring of one health and social care partnership, Hudson (2002a) acknowledged the problems, but felt that there was some room for optimism from positive examples of inter-professional (as opposed to inter-organisational) relationships. From perusal of the available literature, this appears to be something of a lone voice.

Much has been written about the policy context for health and social care joint working. The challenging history of joint working across health and social care boundaries in relation to older people has been clearly described by Lewis (2001).

She charts the conflict over the sectoral roles since the 1950s, compounded by the failure of successive governments to define responsibilities until 1995, when the Department of Health issued guidance restricting the NHS' role in continuing care. Different cultures exist between health and social care. Baldock (1997) emphasises that the issues needing to be addressed together go far beyond joint funding mechanisms. In fact he suggests that the complexity of social care renders it incompatible with medical models of health provision. So, in relation to the client group that was the subject of the first 'comprehensive strategy to ensure fair, high quality, integrated health and social care services for older people' (Department of Health, 2001) the signs for partnership working were not auspicious.

From a broader perspective, despite the launch of the modernisation agenda for social services (Department of Health, 1998) that encouraged collaboration and included financial incentives for joint working (i.e. the Partnership Grant), there is a feeling that social services are the underdog in these alliances (Hudson, 2002b).

Robinson (2002) charted five phases of UK health policy: the command and control from 1948 to the early 1980s; the management reforms of the 1980s; the introduction of the internal market in 1991; the Third Way of the new Labour government of 1997; and what he calls the 'Third Way Plus' of current times incorporating a variety of strategies intended to improve services. Hudson (2002b) describes how the current government has moved away from encouraging flexible partnerships to using structural change as the lever for integrated

working, despite not having given the former any time to demonstrate effectiveness. However, with enthusiasm for Care Trusts apparently waning too, Hudson warns that there is no evidence for structural change bringing about integration, illustrated by the problems in the Northern Ireland system where health and social care integration has existed for some time.

Although partnership still features prominently in government thinking in England (Department of Health, 2002) it recently has been more strongly reaffirmed in Scotland (Scottish Executive, 2003). Scotland appears to be adhering more closely to the principle of partnership without the additional aspects of command and control that the Department of Health in England has introduced.

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In this confusing and rather negatively viewed policy context, it seems reasonable to ask what, if anything, government intends its encouragement to work in partnership to achieve. Partnerships need to know that there is the potential for mutual gain before embarking on such arrangements (Hudson, 2000). If implementing the policy is to demonstrate that partnerships are anything more than rhetoric (Popay and Williams, 1998) then we have to move beyond operational success factors and auditing partnership establishment. We need to tackle their evaluation seriously. In the search for a framework to shift partnership evaluations up a gear, two contributions were helpful: the work of Lowndes and Skelcher (1998) and Liddle and Gelsthorpe (1994).

Lowndes and Skelcher (1998) confirm that 'multi-agency partnerships arise from the search by public bodies for integration within an increasingly fragmented organisational landscape'. While separate organisations may interact via competition or collaboration, their coming together to work in partnership typically passes through four stages: pre-partnership collaboration; partnership creation and consolidation; partnership programme delivery; and partnership termination or succession. Lowndes and Skelcher (1998) clarify that these partnerships are 'not synonymous with the network mode of governance,' meaning that 'informality, trust and a sense of common purpose' cannot be assumed throughout all four stages of the lifecycle. Specifically the second and third stages are

characterised by hierarchical and market mechanisms respectively.

Strategic frameworks such as Liddle and Gelsthorpe's 1994 partnership hierarchy are also useful, having some resonance with the five levels of Health Act flexibilities (Health Act 1999). Five partnership levels have been suggested, namely:

- Communicating partnership – agencies recognise that they have a role to play in relation to each other but do not take this beyond communicating
- Co-operating partnership – agencies agree to work on a mutually defined problem, but maintain separate boundaries and identities
- Co-ordinating partnership – agencies work together in a systematic way and may pool resources to tackle mutually agreed problems
- Federation – agencies operate integrated services, sharing some central focus
- Merger – agencies become indistinguishable from each other working on a mutually defined problem and they form a collective resource pool.

These five levels may offer a framework for evaluating responses to the 1999 Health Act, with Care Trusts being roughly equivalent to the 'Merger' level. From a theory based approach, Asthana et al (2002) have developed an evaluation framework which focuses on various analytical components (including inputs, context, outcomes and processes) and a number of different levels of analysis. This paper raises the evaluation of partnership arrangements to a higher level. Their work was not intended to be comprehensive and is, as yet, too new to have been tested beyond the Health Action Zone field where it was developed.

This paper attempts a similar exercise, but from a completely different perspective, i.e. using Lowndes and Skelcher's partnership lifecycle combined with Liddle and Gelsthorpe's five levels of integration. We propose the following model (Figure 1) as an evaluation framework that we go on to test with our own data. It will obviously require to be subjected to wider critique.

**Figure 1: Proposed model incorporating the partnership lifecycles and five levels of partnership integration**

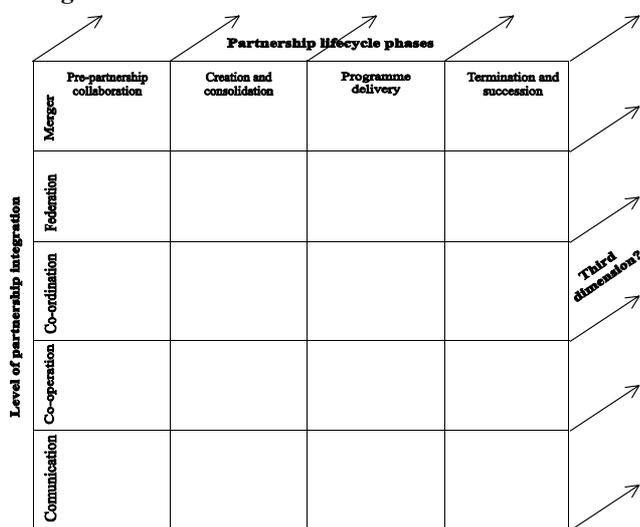


Figure 1 is intended to show that partnerships can operate at very different levels of integration as they pass through their lifecycle i.e. they can move through all four stages as a communicating, co-operating, co-ordinating, federated or merged partnership. Alternatively, as the partnership develops its level of integration may change during its lifecycle i.e. it may begin as a communicating partnership and develop into one exemplified by co-operation or co-ordination as it consolidates or delivers its programme. There may be any number of shifts in the level of integration, not necessarily all linear. Thus a partnership may move back down the integration hierarchy from, say co-ordination to co-operation, if this is in keeping with its operation.

Partnership is still high on the government's agenda and Ham (1999) has suggested that delivering the modernisation agenda will hinge on a reliance on staff altruism. The invitation to evaluate a Domestic Abuse Partnership provided both an opportunity to test the proposed model and, since domestic abuse is both topical and highly emotive, to look for the positives in health, social care, police, and voluntary sector joint working.

## Methods

The evaluation of this particular Domestic Abuse partnership included project work undertaken by the partnership group. However, this paper reports

only on data related to multi-agency domestic abuse partnership (the 'Forum') development and functioning. The data were gathered via initial questionnaires to all members (n=24) of the Forum and follow up interviews with what we termed non-sleeping partners (n=11) those who were regular attenders at the Forum meetings. This two-tiered approach was designed to allow all members of the group to contribute to the research, while gathering detailed responses from those with greater experience of the functioning of the Forum.

The questionnaire asked for background information about the length of involvement with the Forum, previous experience, reasons for membership, satisfaction with the ability to contribute, any changes to working practices as a result of membership, and views on the effectiveness of the Forum to date. The interviews gathered more information from the regular attendees on these issues, particularly on the work of the Forum, their own contribution, views on what had been successful or unsuccessful, and the development of relationships with other members.

Interviews were transcribed and analysed by each author separately via issues analysis (Robson, 1999). Each transcript was read repeatedly to generate categories and the issues that emerged were used to organise the common themes across the 11 interviews. The two analyses were then brought together to check the reliability of the coding. The results section is organised around the six main themes that emerged.

## Results

Nineteen of the 24 Forum members returned questionnaires and all 11 of those identified as regular attenders agreed to be interviewed. The interviews all took place within one month of the questionnaires being returned.

## Forum Members

Fifteen of the 19 Forum members who returned the questionnaires were female and 15 members had been involved in the partnership for more than one year. Twelve respondents were employed by various departments in South Ayrshire Council (including housing, education, and social work),

three were health-related, three were from voluntary organisations, and one was from the police. Fourteen respondents had had previous involvement with Domestic Abuse work before joining the Forum.

The Forum was established by the local authority staff, who wrote out to all organisations they felt would have a relevant contribution to make. The interviews highlighted the fact that the majority of the Forum members knew each other fairly well from previous work, although a few did not have established working relationships. However, it was clear that some representatives from within the council and beyond had reservations about their own ability to contribute to this particular issue/area of work. In the main this related either to the way they had been selected by their organisation to participate in the Forum or not having any frontline contact with women and children experiencing domestic abuse. This resulted in these respondents not engaging in the discussions at the Forum. There was considerable agreement among those interviewed that the women and children themselves needed to be asked about the issues under discussion. In the absence of women and children round the partnership table, those with frontline experience, often the voluntary organisations, were advocating on their behalf. However, there was no method to check the validity of their input.

### **Purpose of the Forum**

The majority of references to why people were working in partnership were indirect and typically that is was 'for agencies to work together in some way' or to 'devise multi-agency strategies.' One person noted that the 'partnership agenda was being pushed by the Scottish Executive.' All 18 who responded to the question on why the Forum had been set up had fairly uniform views of its purposes. These were to improve services for women and children experiencing domestic abuse and to raise awareness of the issue, although two respondents mentioned that this was a local response to a national initiative. All respondents bar one felt that attendance at the Forum meetings had given them a better understanding of the issues surrounding domestic abuse and the role of other organisations in relation to it. Examples given of

the benefits of attendance were networking opportunities, sharing best practice and the problems encountered by the different agencies in dealing with domestic abuse.

In interview it was acknowledged that not everyone has, or should have, the same view on matters, but that there was a need to explore the different perspectives. While some people wanted 'baggage' to be put aside at the door to reach solutions, others called for a more informed debate to facilitate the move to a truly common agenda. There was a suggestion that Forum fatigue may be an issue for members not in direct contact with the women and children who therefore did not have such a reminder of why the Forum existed.

### **Decision-Making Processes**

Nine people replied on their questionnaires that they had contributed to the Forum to their own satisfaction, while seven were not satisfied. Six people acknowledged feeling that not everyone was able to contribute fully and another four were unsure about this. Factors inhibiting contributions were people worried about 'making themselves look foolish', agencies with no enthusiasm for being there in the first place and representatives who had to check every contribution with their managers.

Some of those interviewed felt there was 'genuine discussion' at the Forum meetings, but others thought that the decision making process was unclear, could be a 'bit formal' or was 'too hurried'. There was agreement that much of the work was carried forward by project sub-groups, which meant that the main Forum meeting seemed, at times, merely to be 'rubber stamping' this work. This was criticised, with one person saying that 'reading a paper [at the Forum meeting] is not the same as head scratching with your sleeves rolled up'. It was also noted that the voluntary sector has very different decision-making processes, which, whilst perfectly valid for the individual organisation, are not always compatible with speedy progress. There was also a plea that partners needed to be clearer about what they were committing to by participation in the Forum, indeed that there should be a formal signing up to a plan of action.

## Leadership and Power Relations

Eleven people indicated on their questionnaire that they felt that the Forum had changed during the time they had been members. The group was now seen to be more focussed on action rather than talking, more confident, better networked, increasingly relaxed, and had gained momentum. The Equalities Adviser was perceived to be a key driver of the Forum's success, and the importance of 'clout' gained from elected representative participation was acknowledged. However, some respondents felt that meeting in a large group could be daunting and it was not always clear whether everyone contributed to the agenda or what impact some of the discussions had on service provision.

While it was acknowledged in interview that the Forum chair added authority to the discussions and could facilitate policy implementation, it was stated that there had been no real opportunity to contribute to the decision on who should lead. Again the Equalities Adviser's motivation and commitment were commended, but she herself wondered how much a partnership should rely on its product champion. While there was no sense of others wanting to take on a bigger role in the day-to-day co-ordination of the work, there was an argument that if she had less time to devote to it this might have made others offer to do more.

There were a great many comments about the power relations within the Forum. While the voluntary organisations were viewed as the experts on domestic abuse at the start, there was evidence that some members had moved away from this position as they obtained more experience themselves. Mixed views were expressed on continued voluntary sector input, ranging from acknowledging their genuine concerns about whether the work would be done effectively, with maximum benefit for the women and children, to wondering why they were not just grateful that others were helping. The voluntary sector organisations were clearly aware that their input was not always valued. However, they may not have been fully aware of behind the scenes strategies out-with the Forum meetings, one example being 'I just speak to [Equalities Adviser] later'. Many people pointed to the difficulties faced by the voluntary sector in this partnership

from acknowledging their vulnerability ('no staff, no power, no clout') to awareness that the statutory sector can (unintentionally) disempower others. There was felt to be an assumption that the statutory and voluntary sectors should be able to contribute equally. From the voluntary sector perspective, there was evidence that they could be seen as difficult, even possessive of the work, but they felt that this was driven by their contact with women and children who had experienced or were experiencing domestic abuse. Focusing on what the women and children actually asked for was presented as a possible solution to these problems. However, the current political interest in domestic abuse from the Scottish Executive meant that such a huge piece of work needed to have time and resources spent on it, and the statutory sector was in a better position than anyone else to facilitate this.

## Views on Forum Effectiveness

All eighteen people who replied to the question felt that the Forum had been effective in taking forward its agenda. The most constructive aspects of the work were felt to be the development of partnerships, the project work that had successfully attracted new funding, the enthusiasm of the group members, and the sharing of resources. The least constructive aspects were lack of commitment from some members, the relative absence of men at domestic abuse awareness raising initiatives, the slow start and the formality as well as the uncomfortable surroundings of Forum meetings.

Interviewees generally concurred that the Forum had been successful. One person commented that now 'everyone wants a piece of the success'. The funding was felt to have set things in motion and the time out for partnership training had given the work more focus and allowed people really to get to know each other. The Forum was 'not just a talking shop' and people were making real contributions. However some respondents acknowledged that there were more difficult issues to be tackled in the future and that there was an ongoing need 'for tangibles to make it successful'. There was some understanding that 'the more difficult issues had to come later' and that 'maybe the group was not yet ready' to deal with these. There were also differences between the main

Forum and the project subgroups, with several people suggesting the small groups had better interpersonal relations, and that their size had enhanced this.

### Forum Shelf-Life

The group felt clearly that 'it was not the end of the road' and that they needed to build on the successes so far. While some were aware that 'it looked good locally' to be seen to be working together, there did not seem to be any long term plans beyond non-specific comments around issues for the future with regards to 'changing society and the attitudes of men'. In looking to the future, others pointed to fairly challenging issues, saying that while the operational staff were working well together, further up the respective organisations questions were being asked about accountability and ultimate control. It was felt to be singularly advantageous that the Forum had been able to attract dedicated funding, but if pooling of budgets or joint funding in other than 'kind' was to be the way forward, then this would be a major stumbling block.

### Discussion

Having proposed a new model (see Figure 1) as an evaluation framework, we need to test it. This is conducted in two stages. Firstly, we show how our partnership data fits into Lowndes and Skelcher's (1998) lifecycle, although in doing this we risk the criticism that this is no more than an application of their model. Secondly, we show some evidence within our lifecycle data that resonates with Liddle and Gelsthorpe's (1994) partnership hierarchy, thereby suggesting that partnerships can operate at very different levels of integration as they pass through their lifecycle, and that the level may change over time.

**Stage 1 - Pre-partnership collaboration** A number of our subjects knew each other fairly well before becoming involved with this multi-agency forum, demonstrating that networking, the characteristic mode of governance at this stage in the lifecycle, had been a prominent feature at the start. This immediately raises questions about how those not already networked in became so, or whether they were disadvantaged from the outset.

In addition, some of those not already networked in also lacked knowledge of domestic abuse and frontline contact with survivors of it, resulting in doubts about their ability to contribute much to the partnership. However, there was evidence that the partnership became better networked and more inclusive, confident, and relaxed.

Although there was a well-shared perception as to why the partnership existed, the sense of purpose had been somewhat vague at the outset. There was no agreed plan of action that participants signed up to, and for some people the existence of the partnership seemed to be purpose in itself e.g. it was 'for agencies to work together' 'developing multi-agency strategies' in order to somehow 'improve services.' There may have been a hint of cynicism in the recognition that government was 'pushing the partnership agenda.'

### Stage 2 - Partnership creation and consolidation

Forum meetings were convened by the Local Authority and it was acknowledged that the statutory sector could unintentionally disempower others. The hierarchical characteristic was clearly evident at this stage of the lifecycle. Although some people were attracted to the partnership because of the enthusiasm displayed by participants, others found the large group meetings daunting and the surroundings overly formal. The Forum's product champion was a Local Authority employee and the use of her time to organise various aspects of partnership working was officially sanctioned. However, she was aware that this arrangement had an impact on outcomes, in particular she questioned whether the time she was able to devote meant that others who might have contributed more tended to hold back. There was not an equal contribution from all partners.

There was evidence that this imbalance of power was preventing consolidation of the partnership. In the Forum, the voluntary organisations felt they were advocating for the women and children who had experienced domestic abuse, since the membership did not include survivors. But a number of dichotomous responses were elicited in interview that displayed opposing perspectives on this, related to the power issue:

*Respecting the advocate's input vs. other members gaining more experience*

*Viewing input as genuine concerns vs. them not being grateful for others' help*

*Advocates aware their input not always valued vs. behind the scenes decisions*

*Focus on women and children vs. viewed as difficult or possessive of the work*

A number of the above responses serve to undermine those who saw themselves as advocates for survivors of domestic abuse e.g. 'not grateful' or 'difficult or possessive,' while the fact that some decisions were taken behind the scenes of the partnership meetings seem to undermine the whole process. They are certainly not conducive to genuine discussion or informed debate leading to a common agenda and some of the interview respondents were aware that this was the more powerful partners taking things forward in a manner of their choosing. It had also led to some of the partners questioning the value of their input.

One of the voluntary organisations concerned operated as a collective rather than hierarchical agency and this meant that decision-making authority was not delegated to their representative on the Forum. While it is understandable that partnerships do not want to hold up progress by waiting for individual partners to agree their response, neither should they avoid acknowledging the differences in mode of operation of each agency involved.

### **Stage 3 - Partnership programme delivery**

Participants both recognised that it takes time to establish relationships in a partnership before action can be taken and criticised the partnership for such a slow start. Nonetheless, there was appreciation for the fact that it was not 'just a talking shop.'

Programme delivery was co-ordinated by four project groups and this work had been made possible by attracting dedicated funding. It was noted in interview that the dedicated budget was important since the partnership would have encountered a major stumbling block if it had had to pool budgets or fund the work jointly. Unlike Lowndes and Skelcher's (1998) example, this

meant that there was no 'market' as such, since the project work was not put out to a tendering process. Part of the budget was funding 'in kind' for the time Forum members spent on the projects, while the rest was used to purchase equipment and consumables. The four project teams carried out the main work and their progress was 'rubber-stamped' in the Forum meetings. There was evidence of the small size of the project groups enhancing inter-personal relations and their work was viewed as an overwhelming success. This success may have been a pre-requisite for continuing involvement with the partnership for some people.

### **Stage 4 - Partnership termination or succession**

Although the Forum was evaluated before it reached this stage, a number of participants knew it was coming. They were aware of 'difficult issues' to be tackled in the future and the persisting need for 'tangibles to make it successful.' Earlier project success could be built upon but there was an absence of any long-term plans and unwillingness to look at sustainability. While it was felt that operational staff were working well together, there were questions over accountability and control at higher organisational levels.

### **How does this relate to levels of integration?**

Within the context of a vague sense of purpose for the Forum, there was an awareness of partnership evolution i.e. time to establish, then action follows. This indicates that participants realised the dynamic nature of the group, with initial communication moving into co-operation over the project work. The comment about difficult issues to be tackled in future supports this impression, especially in light of the awareness that either pooled budgets (co-ordinating partnership) or joint funding (federation level) would be problematic.

It appears that the step up from communication to co-ordination was relatively easy for this multi-agency partnership due to the dedicated funding attracted. Given that they did not want any further shift, and in light of Hudson's (2002b) report that the government's big push on Care Trust partnerships is easing off, there have to be questions over why a multi-agency grouping would want to go beyond co-operation. Lowndes and Skelcher (1998) tell us that the key for

sustainability is networking and that this cannot be forced upon people. 'Perceived need and collective will' are the determinants of survival. But since government is unlikely to relinquish all aspects of command and control (Robinson, 2002) we are no further forward with the question of whether partnership working. If the policies are really intended to foster greater integration, how are the determinants of this to be influenced in order to move partnerships up the hierarchy? These determinants include time, training, sense of purpose, sustainability, awareness of greater effectiveness together than apart, and the inherent value of the partnership regardless of its membership. Ultimately health and social care may be heading for a merger, and in this case the relationships developed via the myriad of current partnership arrangements may help to facilitate the changes.

### Conclusions

We have presented partnership lifecycle data that has some resonance with a hierarchy of integration levels, and we think this may offer a new framework for evaluating partnership effectiveness on these two dimensions. It may help to capture some of the complexity that is inherent in multi-organisational joint working arrangements. However, it is not difficult to imagine our 2-D framework being expanded into a third dimension, and the partnership journey through it following a pathway more akin to Brownian Motion than linear vectors. Nonetheless, we have found it a useful model and are applying it to other partnership arrangements e.g. the development of Managed Clinical Networks in Scotland. It would benefit from others' critique, either in exposing its flaws, or building in the missing parts.

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