



PARTNERSHIPS: THE BENEFITS

Partnerships: The Benefits

Published by The Institute of Public Health in Ireland.

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To be cited as:

Boydell, L., Rugkasa, J., Hoggett, P. and Cummins, A. Partnerships: The Benefits.
Dublin: Institute of Public Health in Ireland, 2007.

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ISBN 978-0-9555912-4-2

Design by Slick Fish Design

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ACKNOWLEDGEMENTS

This research was funded by the Research and Development Office for Health and Social Care in Northern Ireland as part of their *New Targeting Social Need* programme. It was carried out through a collaboration between the Institute of Public Health in Ireland (IPH) and the Centre for Psycho-Social Studies of the University of the West of England. We would particularly like to thank the partners of the *Armagh and Dungannon Health Action Zone*, *North and West Belfast Health Action Zone*, *Northern Neighbourhoods Health Action Zone* and the *Western Investing for Health Partnership*, who took part in the research and contributed their experiences. We would also like to thank the groups who helped to pilot the Partnership Evaluation Tool arising from the research.

POLICY CONTEXT

Working in partnership across government departments and their agencies, trade unions and with community, voluntary and business sectors is central to government policies for tackling complex problems. Several such partnerships have been set up to improve health in deprived communities and address inequalities in health in Ireland and Northern Ireland. For example, in Northern Ireland the *Investing for Health* (IfH) public health strategy led to the establishment of four partnerships as a key mechanism for implementing this strategy. These partnerships all share a common goal of reducing inequalities in health by effectively tackling the wider determinants of health. The involvement of communities and users in deciding and implementing policies is central to their approach. The *RAPID* programme, led by the Department of Community, Rural and Gaeltacht Affairs in Ireland, similarly focuses on bringing government departments and state agencies together with community and voluntary organisations to coordinate services for disadvantaged communities.

Definition of partnership: where two or more organisations make a commitment to work together on something that concerns them both, develop a shared sense of purpose and agenda, and generate joint action towards agreed targets.

Health Education Board, Scotland 2001

EVALUATING PARTNERSHIPS

People often assume that collaboration will be more effective than efforts planned and carried out by a single organisation, yet there is little evidence that collaboration has improved health status or impacted on health systems. Evaluating partnerships is difficult for various reasons such as the long timescales for achieving impact, different perspectives on what success means, the complexity and variability of partnership interventions, and the different contexts within which partnerships work.

RESEARCH INTO MEASURING THE BENEFITS OF PARTNERSHIPS

The Research and Development Office for Health and Social Care in Northern Ireland funded the Institute of Public Health in Ireland (IPH) to undertake research into partnerships between 2003 and 2006, as part of their *New Targeting Social Need* programme. The study was a collaboration between IPH and the Centre for Psycho Social Studies at the University of the West of England. The aim of the research was to identify the impacts of multisectoral partnerships, how they can be measured, and what contribution they make to tackling inequalities in health.

In-depth case studies of four partnerships were carried out with: *Armagh and Dungannon Health Action Zone* (ADHAZ); *North and West Belfast Health Action Zone* (NWBHAZ); *Northern Neighbourhoods Health Action Zone* (NNHAZ); and *Western Investing for Health Partnership* (WIHP). Based on these case studies, IPH has developed a conceptual model linking the collaborative efforts of partnerships to benefits which impact upon the determinants of health and a set of indicators for use in assessing progress.

The indicators make up a Partnership Evaluation Tool (PET) which has been developed as a web-based resource available on the Institute's website for any partnership to use to support its own assessment and development.

This leaflet presents the conceptual model of the benefits of partnerships and the Partnership Evaluation Tool developed from this research. It also proposes the concept of intangible assets to explain the value of the benefits identified.

1. A CONCEPTUAL MODEL OF THE BENEFITS OF PARTNERSHIPS

1.1 INTRODUCTION

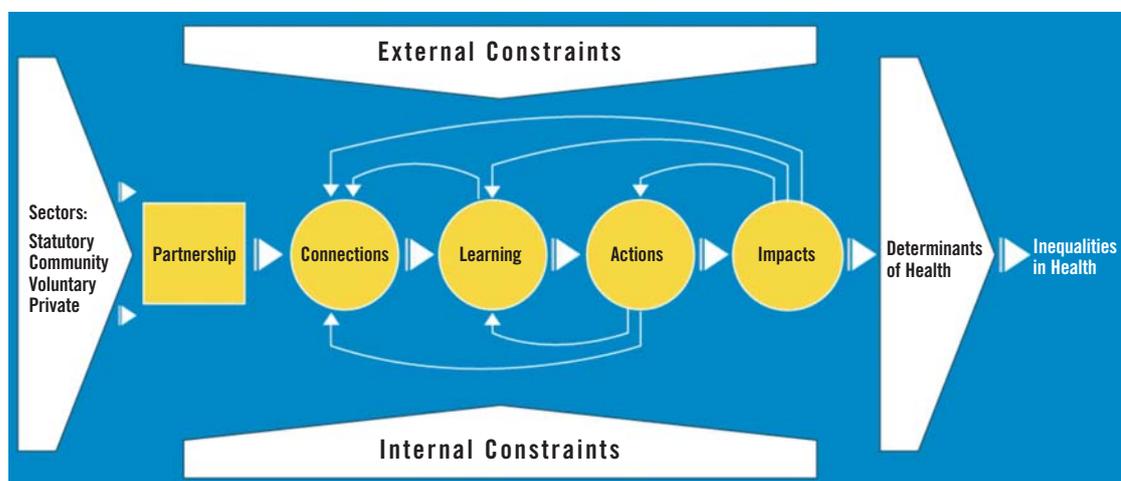
The conceptual model developed in this research aims to increase our understanding of the dynamics of partnerships and to assist in the evaluation of partnerships. In the research, we explored participants' theories of change and in our analysis we have viewed partnerships as mechanisms introduced to produce benefits which may lead to improved health and well-being for deprived communities. We use the term 'benefit' to avoid the distinction between process and outcome since, for example, the development of trust can be seen both as a process and an outcome of successful partnerships (Asthana *et al.* 2002). The research emerged from the observation that those involved in partnerships often emphasise the added value of partnership working 'per se', in addition to benefits derived from individual projects. The relationships formed amongst partners and the learning that takes place are often seen as 'soft' benefits with no currency from the perspective of funding agencies concerned with accountability. This paper seeks to reconcile the two requirements and presents a model that focuses on benefits, tangible as well as intangible, which over time have the potential to impact on conditions for change.

There seems to be little distinction made in the literature between strategic partnerships, what Lasker and Weiss (2003:34) refer to as 'multi-issue collaborations with an agenda-setting capacity', and operational partnerships which have a more focused and local remit to deliver projects to address specific problems. Collaborations which are broader in scope are more challenging to evaluate because of the range of projects and programmes they run (Lasker and Weiss 2003). The partnerships in our research were of this type.

1.2 A MODEL OF THE BENEFITS OF PARTNERSHIP

There are many models of partnership working, serving many and sometimes overlapping purposes (for example, Health Development Agency 2003; Lasker and Weiss 2003; Asthana *et al.* 2002). Our model (Figure 1) shows how, with effective processes and a favourable context, partnership working can lead to a reduction in inequalities. The model is intended as a way to conceptualise the benefits that may accrue through the developmental stages of the partnership, including those 'soft' or intangible ones that are not taken into account in other frameworks. In particular it tries to capture the benefits that can 'spin off' at each stage and which may not be perceived as related to the partnership.

Figure 1: a model of the benefits of partnership



The model is explained as follows. The overall purpose of the partnerships studied is to reduce inequalities in health, as depicted at the right hand side of the model. There is now ample evidence that health is determined by a broad range of determinants including socioeconomic and environmental factors (Dahlgren and Whitehead 1991; Evans *et al.* 1994; Graham 2000; Marmot and Wilkinson 1999). The model acknowledges the strength of the existing evidence of these relationships and that changes in these conditions can impact on levels of inequalities in health. On the far left of the diagram, the model shows how various statutory agencies work alongside community, voluntary and private sector organisations to address the various aspects of social and economic policy for which they are accountable or have a particular interest. For many issues, working independently of one another is appropriate. However, where organisations face intractable problems which they cannot address on their own, they often form partnerships (Audit Commission 1998).

Once a partnership forms and begins to meet, partners connect with one another and develop relationships. Furthermore, they begin to connect one another to other networks outside the partnership. This is indicated in the first circle in the model moving from left to right. Based on the relationships formed, partners start to get to know each other, to learn about each others' organisations and to gain an understanding of each others' agendas and work. They may develop a more holistic understanding of local communities' needs. They begin to develop trust. This is reflected in the second circle. As a result of this knowledge, understanding and trust, they may begin to act differently. They find that it helps them to do their jobs better, to meet their own organisations' agendas and to help others to meet theirs. They may find ways of tweaking resources or influencing others to achieve a broader goal. Finally, in the fourth circle, these developments can lead to more effective projects, programmes, improved service delivery and strengthening of communities.

This pathway describes what happens under favourable conditions. There may, however, be negative or unintended consequences. A range of barriers to progress in partnerships have been identified in the literature, many of which were raised by participants in this research (Sullivan and Skelcher 2002; Glendinning *et al.* 2002; Balloch and Taylor 2001; Bauld *et al.* 2005). Our model includes these as internal and external constraints. Internal constraints are those factors which are inherent to the partnership itself, such as conflict between partners and the time consuming nature of collaborative work. External constraints are those things which are beyond the control of the partnership but which impact on its ability to achieve its goals. These may include changing and conflicting policies, availability of resources and political climate. While this paper does not focus on these constraints, they do, of course, impact on partnership effectiveness.

The model presents the benefits of partnerships arising in a linear fashion. However, the arrows between the circles indicate that this is highly iterative. Benefits may spin off at any stage in the model and may not be perceived by outside observers as being attributable to the partnership. Most partnership evaluation frameworks fail to identify these. The following sections describe some of the data from the case studies from which the model was derived.

1.2.1 Connections

Interviewees valued the relationships they formed with other partners as well as the willingness of partnership members to connect them to other networks. Statutory agencies were able to link into community networks, for example, to establish outreach services or to engage them in planning local services. Community partners gained easier access to staff

within partner organisations. One interviewee called it 'a market place for meeting people'. Some partners were able to access help with issues within their own organisations or areas of work from other partners in a way that they could not have done previously, for example, by large organisations lending skilled staff to smaller ones.

The participation of senior officers from statutory agencies in the partnership was seen to be important, particularly by community partners, both because of their ability to take decisions on behalf of their organisations, and because of the commitment of their organisations to the partnership implied by their presence. According to one community representative, this 'gives the community and voluntary organisations the power to access senior people within statutory agencies in relation to the barriers they face with their organisations. That's why engagement at senior level is so important'. Community partners were particularly sensitive to senior officers of statutory partners leaving meetings early because they are 'busy', the implication being that their time is more highly valued than unpaid partners.

Partnership managers and their teams were seen to play a critical role and were described as 'conduits' and 'lynchpins', connecting people to other partners and networks. They spend much of their time 'nurturing' relationships between meetings. Some partners made specific comments about improvements in relationships between agencies where these had not been good previously. A local councillor on one of the partnerships considered that by being able to put a 'human face' to the various statutory agencies, he was able to be more collaborative and less confrontational towards them in dealing with constituents' problems. Partners found that the partnership enabled them to get to know people well enough so that if they experienced difficulties with their organisations or services, they could now telephone the relevant person rather than allowing problems to escalate.

1.2.2 Learning

Partners found that the partnership provided a valuable source of information and learning, partly through access to documents, but more importantly through participating in dialogue with people from other agencies. The different perspectives helped them to gain a fuller understanding of health related problems in the local population and how the services provided by their own organisations impact on those of others. Partners from non-health organisations claimed to have gained a better understanding of the determinants of health. There was a reported development in trust, mutual respect, commitment and loyalty. Loyalty seemed to be directed in particular towards the partnership managers and to some extent, partnership chairs. One partner said he tried hard to get to meetings even when busy because he did not want to let the manager down. Several partners, both community and statutory agency representatives, expressed how they felt their credibility had been increased through involvement in the partnership. They also learned about the role of other partners and their organisations, and about the expertise existing within the partnership. As the Chief Executive of an area partnership said, you get 'a perspective on government policies from other agencies that you don't get from reading reports'. She found this particularly valuable in forming strategic thinking for her own organisation.

Partners described how their involvement in the partnership led to them changing the way they thought about certain issues, referring to 'aha' experiences and 'light bulbs going on'. Based on the development of trust, one partner reported on a lowering of defensiveness, particularly on the part of statutory partners. 'They started with their bats up ready to fight off criticism' but have been able to 'lower their bats'. Some partners also talked about their own personal growth from involvement in the partnership and there were observations made about development in others, particularly partnership managers.

1.2.3 Action

Several partners claimed that their involvement in the partnership enabled them to do their jobs better by being better informed or connected, and because they now knew the right people in the system to 'make things happen'. Partners also found that their engagement in the partnership helped their organisations to meet their goals, for example, because of access to community networks, creation of joint appointments or by accessing expertise. Some partners thought that resources were used more efficiently and that there was improved targeting of resources towards meeting the needs of deprived communities (although there was little hard evidence for this). They referred to the innovative solutions generated by the partnership to deal with problems, mainly in the form of projects.

Partners, particularly from the statutory sector, described how they had changed some aspect of the way that they work as a result of their involvement in the partnership. There were examples of services becoming more user-friendly and accessible, and of much stronger community engagement processes. However, with regard to health service delivery, these changes tended to be quite marginal. There were examples of statutory agencies being able to redirect limited resources to assist the achievement of partnership objectives. The partnerships have also demonstrated their ability to leverage money from external funding sources.

Some statutory agencies had incorporated the partnerships' goals into their corporate objectives. They suggested that they were able to develop more coordinated approaches to addressing problems, and that the different perspectives amongst partners led to more appropriate solutions.

There was a general perception of partnerships as enablers and catalysts to make things happen, often more quickly than otherwise possible. A key message was that the changes that take place in the way that partners or their organisations work goes well beyond the partnership's remit and would not normally be seen as an outcome of the partnership.

1.2.4 Impact

Interviewees were very enthusiastic about the range of innovative projects which were seen to have benefited particular groups experiencing the effects of inequality. However, one partner referred to these projects as 'a drop in the ocean on a grand scale' and that 'it would not be reasonable to measure impact against the whole reduction of health inequalities'. While there were some examples of how these projects had influenced mainstream service delivery, this was an area causing some frustration because of difficulties in making fundamental shifts to the way statutory services are delivered. One partner referred to how, in partnership working, there is a chain of events which often goes unrecognised; 'the end result is bigger than the parts but when you do evaluation, you only measure the parts'. There was reference to the potential of partnerships to strengthen local communities, particularly through community group involvement in projects. One example was a local energy efficiency project in a rural area introduced by ADHAZ, where the community played a central role in deciding who would receive energy efficiency measures and how the project would be carried out (Rugkåsa *et al.* 2004). The community representatives placed enormous value on the networking, influence and learning they gained through the partnership.

1.2.5 Application of the model

The response to local violence resulting from a feud between paramilitary factions in one *Health Action Zone* (HAZ) area in 2000 provides a specific case to illustrate the model. As a

result of the feud, many people had to leave their homes and a crisis ensued. The Chief Executive of the local area partnership was able to convene senior officers from the statutory agencies at short notice. As he said, 'that couldn't have happened if there hadn't been a mechanism. I might have got half of them, might have had one-to-ones [meetings]'. Because of the relationships and credibility he had developed through his involvement in the HAZ, partners were responsive to his call for help. Over the following two years, this led to the creation of a *Community Convention* which successfully engaged the fractured communities living locally in jointly contributing to plans for a number of services critical to health such as housing and education. The approach has been recognised as one that could be applied to other areas of conflict in Northern Ireland. It illustrates how, as a result of the partnership, connections and trust had been developed between partners. All partners had developed shared learning about local issues which enabled people to act differently in a crisis and to facilitate the creation of a valuable initiative with generalisable learning. This project has been favourably evaluated in its own right (Gillespie 2003). However, it would be easy to miss the conditions created by the partnership which made it possible.

1.2.6 Some potentially negative aspects of partnerships

Amongst the partners interviewed, there was awareness of the potential for partnerships to have negative consequences. For example, there were instances where difficulties had occurred which could have derailed the partnerships. Such consequences would have generated cynicism and have impeded any future attempts to work together. However, according to participants, these incidents were openly discussed, leading to resolution and ultimately to strengthening of the partnerships.

In one group inquiry session, partners talked about the opportunity costs of engaging in partnerships and the risk of them becoming 'talking shops' unless there is commitment to deliver results. Many partners referred to the time-consuming nature of partnership working and the fact that long-term goals can lead to loss of focus and commitment. Interviewees recognised that some actions are better undertaken without forming partnerships because the time involved in getting everyone engaged may mean opportunities are lost, particularly for accessing funding. One partner suggested that agencies may set up partnerships to 'provide a false sense of doing something of value', where they do not have the resources or commitment to deal with difficult issues. Under these circumstances partnerships may obscure responsibility, authority and accountability. Another partner talked about the 'tyranny of consensus and good behaviour partnerships', where partners, particularly from the community, are engaged in a tokenistic way without clarity about who or what they represent and raises the possibility that if they challenge statutory sector partners, they are ostracised.

1.3 SUMMARY

The model describes how partnerships may be a mechanism for reducing inequalities in health by providing benefits that create the conditions which make change possible. We suggest that these benefits are a prerequisite for achieving distal outcomes but are not a guarantee of success. Our model is intended to give currency to the 'soft' or intangible benefits of partnership working, which are by no means easy to achieve (Davies 2002). Such benefits lack visibility, yet it seems that those involved in partnerships intuitively know their value.

2. MEASURING THE PERFORMANCE OF PARTNERSHIPS: DEVELOPING A PARTNERSHIP EVALUATION TOOL

2.1 INTRODUCTION

Assessment of the performance of a system or programme requires indicators that can be used to measure such performance. There is currently a demand for performance measurement of partnerships from policy-makers, funders and from partnerships themselves. The previous section presented a model of how benefits are perceived to emerge from working in partnerships. One of the objectives behind developing the model was that it would provide a framework for how to measure partnership performance. This section describes how we developed indicators to assess performance along each stage of the model, that is, connections, learning, action, and impacts of partnerships. Based on our partnership model, we anticipate that a successful partnership will accrue benefit within each category of benefit or 'circle' of the model, as well as along the pathway of change.

The indicators form part of a Partnership Evaluation Tool (PET), which exists in questionnaire format, and which has been developed into an interactive web-tool, which can be accessed at www.partnershiptool.ie. PET is intended to help partnerships monitor their development, assess emerging benefits, and identify opportunities for further development. Even though PET has been developed in a health context, we anticipate, like the partnership model, that it has relevance to other multisectoral partnerships.

2.2 INDICATORS AND PERFORMANCE MEASUREMENT

Performance measurement can be described as the process of defining, monitoring and using sets of indicators of performance in order to assess an organisation or a programme on a regular basis (Poister 2003).

Performance measurements are usually expected to entail objective, quantifiable indicators covering various aspects of performance and to track particular dimensions of performance such as effectiveness, efficiency, satisfaction or cost. Such measurement is generally used to inform decision-making, improve overall performance or to increase accountability. A good performance measurement system should also facilitate improvement in performance over time.

Many of the policy issues and challenges that public sector and non-governmental organisations seek to address are at least to some degree intractable. There are commonly no straightforward solutions and there are limited resources available for development, testing and implementation of policy mechanisms. When such work occurs through partnerships, performance management becomes even more complex. Decisions are often made in highly politicised contexts which may cause debate even on what success would look like. In addition, measuring performance is difficult when results are long-term and when the influence of individual organisations or programmes on overall outcomes may be multidirectional. The causal processes within a complex web of influencing factors make it difficult to attribute outcomes to the work of the partnership and this presents a challenge to developing instruments for performance measurement. In these circumstances, it may be more appropriate to apply indicators relating to immediate results such as the ways in which work is carried out, the degree to which work is seen to be responsive to needs, and whether it is carried out within budget (*ibid.*) or other immediate processes that are known to be necessary for successful long-term outcomes.

Accordingly, when assessing partnership performance it is more common to apply proximal indicators for outcomes, such as the commitment and involvement needed in order for the outcomes to be achieved or levels of satisfaction with the process. In developing a framework for performance measurement it has been found helpful to consider the Programme Logic Model (Patton 1997) or Theory of Change (Connell and Kubisch 1995) underpinning the work of the partnership in question, taking into account how processes lead to intermediate outcomes which in turn can be expected to lead to long-term outcomes. It has proved difficult to devise meaningful quantifiable indicators regarding such partnership processes and most frameworks apply qualitative indicators which explore the quality of processes (Stern and Green 2005). Collaboration may, however usefully be regarded as an outcome as well as a process: 'as an evolving forum for addressing a problem where answers to questions about the chemistry and correlation of effectiveness of collaboration are as important as those that measure whether it works or not' (El Ansari *et al.* 2001).

Our model, from which we developed the indicators described in the next section is based on a similar theoretical framework. Many of these indicators refer to processes such as the development of trust or the forging of new relationships. We do not, however, simply consider the benefits of connections, learning or action as processes. In the next section we will explain how these aspects of partnership working may be considered as outcomes in their own right, albeit not always manifested as immediate tangible outcomes. What we seek to measure are the intangible assets produced by the partnership process, without which long-term tangible outcomes may not materialise.

Indicators should be relevant, clearly defined, easy to use, comparable over time, verifiable, and responsive to change. For practical reasons, as a rule of thumb the ideal number of indicators for measuring performance in an area of work should not exceed 20 (Audit Commission 2000). In the next section we outline how we arrived at partnership performance measurement indicators for each of the four categories: connections, learning, action and impact. In light of the complex nature of measuring the performance of partnerships, we decided to view indicators as 'can-openers' (Spicker 2003). Instead of being regarded as end-points, they should provide a starting point for further enquiry. Of themselves, they do not describe performance but act as signposts or pointers (*ibid.*).

2.3 PET INDICATORS

2.3.1 Connections

'It's all about relationships'

It was clear from the data that the quality of the relationships between partners from different sectors was seen as a crucial factor for successful partnership working. The establishing of new and strengthening of existing relationships was one of the major benefits identified by partners. These relationships and connections were seen to be valuable for a number of reasons, not least because it brought people together with organisations they previously had not worked with and 'would never had a reason to meet with'. In particular, the partnerships made it possible to get to know senior officers within the statutory sectors, people who may sometimes seem as distant people of power. There seemed to be general appreciation of the diversity within the partnerships and that getting a mix of 'the right people around the table' in itself was a significant achievement. In ADHAZ, for example, several people commented on the value of the involvement of councillors who brought with them knowledge of the issues in their constituencies. Having

a wide range of organisations represented on the partnership was described as enabling difficult issues to be addressed collectively and from different viewpoints. Trust that emerged as relationships matured was described as a key ingredient in fostering open, frank and respectful dialogue and in enabling discussion of tensions within the partnership.

Improved access to a range of organisations was described as leading to better communication and more efficient forms of working. Reflecting on how she benefited from the partnership, one interviewee commented, 'how do you measure the fact that you didn't have to phone around for an hour because you are able to go straight to the right person ... and you know that it was attributable to something that happened in the HAZ'. For others, the relationships resulted in what they described as increased credibility which helped them in dealing with organisations within and outside the partnership.

Reflecting the emphasis placed on the establishment of relationships among different sectors leading to trust, support and better networking and the opportunities this was seen to afford, the following indicators were selected for assessing the connecting aspects of working in partnership:

- Relationships with staff from the statutory sector
- Relationships with members of community organisations
- Relationships with members of voluntary organisations
- Relationships with members of private organisations
- Relationships with local councillors
- Personal credibility with people from other organisations
- Support for work-related role
- Access to senior officers in statutory agencies
- Access to a more diverse range of people and organisations
- Development of trust
- Open and respectful dialogue at partnership meetings.

2.3.2 Learning

'Pennies are dropping'

Another factor facilitating successful partnership working identified in most interviews was that of learning or knowledge gained. Partners clearly saw themselves and their organisations as benefiting from gaining new insights from a variety of perspectives on health, local need, and other issues the partnerships focused on, thereby gaining better understanding of how the partnership could impact. In particular, learning about constraints and opportunities of other organisations made partners aware of what could and could not be achieved.

Several partners from the statutory sector commented that the partnership had been one of their first experiences of working jointly with community groups, and that they as a consequence had gained new insight into 'other cultures and ways of working'. In particular in NNHAZ, it was emphasised that the involvement of local community groups was essential due to the information they conveyed about community need and capacity. Statutory partners were clear about their inability to obtain such information on their own.

In other partnerships too, learning emerged on local issues such as unemployment or problems faced by particular population groups including Travellers, people in rural areas and young people. Many expressed that better analysis of the problems arising from

different information sources increased the possibilities for better solutions. The availability of the skills and resources around the table was also deemed beneficial to the development of personal and organisational knowledge.

Information sharing was often described as facilitated by new relationships. Several partners explained how face-to-face interactions meant that discussion often led to more in-depth understanding, for example of how strategies or policies have emerged, compared with what would be accessible through publicly available sources.

The views and experiences of how working in partnership can be enhanced via the impact of new learning on people and organisations led to the selection of the following indicators for assessing the learning capacity of partnerships:

- Access to information useful for one's job
- Better understanding of the needs of the community served by the partnership
- Awareness of things that impact on health
- Understanding of health inequalities in the target area
- Awareness of health issues
- Understanding of constraints on partner organisations
- Understanding of the partnership's agenda
- Access to a range of knowledge and skills not available within one's own organisation
- Better appreciation of the challenges faced by other agencies within the partnership
- Professional and personal development
- Changes in personal knowledge/skills in partnership work
- Development of new perspectives and the ability to see things differently.

2.3.3 Actions

'It has changed the way we approach things'

People saw links between the connections established, the learning and trust that emerged, and the ability of organisations and individuals to change the ways in which they work. For example, alluding to the trust built up, a community representative commented on the increased efficiency of joint working: 'there's a relationship there and it's not just a personality thing, it's a shared understanding of the framework of what's being done. Now a number of things are short circuited, not accountability, not standards, but unnecessary procedures'.

Some partners reported that being part of the partnership enabled them to be more effective in their jobs as a result of new connections, enhanced understanding of health issues and personal development. Although few reported having one's involvement in the partnership recognised as part of personal job objectives, such arrangements were described as potentially very helpful both to partnerships and organisations.

Examples of changes in the abilities of people or organisations to act in enhanced or innovative ways were reported by all four partnerships. In NNHAZ, for example, one senior officer in a statutory organisation stated that working directly with the local communities through the HAZ 'has changed the way that we work'.

In NWBHAZ, the way in which one partner was able to convene a HAZ meeting in response to the Shankill feud was pointed out as an example of how the partnership was able to

respond to emerging issues. A willingness to share resources and redirect funding was demonstrated through the way in which the Health and Social Services Board and the local Belfast Area Partnership agreed to pool three community development posts into one team. In addition to serving the needs of NWBHAZ, this also helped the organisations involved to meet their objectives. For example, it helped the Board's work towards achieving its targets on the IfH agenda.

For WIHP, the incorporation of IfH goals into the corporate strategy of non-health organisations (in particular some of the local councils) was seen as a positive change, and one with potentially significant long-term outcomes. In addition to individual projects, partners in ADHAZ discussed the scope for sharing resources and providing access for other partners to facilities, resources or networks. For example, the Housing Executive was able to offer accommodation to ADHAZ projects and via their community representative they had access to a wide range of community organisations.

Significant re-direction of funding as a result the partnerships was relatively uncommon, although some reported modest progress. This was, however, seen as a real test for the impact of a partnership, and ultimately all partnerships sought to impact on mainstream funding and service delivery.

Partners from the health sector were pleased to see partners from outside this sector becoming advocates for health, both within their own organisations and with other non-health organisations. The strength of the collective voice of the partnership was also recognised. For example, one partner from a local council claimed that he could be much more effective in influencing council decisions when calling upon the backing of the partnership with its 30 strong membership. In ADHAZ, partners expressed that responses to public consultations developed by the partnership carried more influence than if organisations responded individually.

The specifics of how a partnership may instigate changes in the actions of individuals and organisations will, of course, largely depend on the remit and objectives of individual partnerships. The following were selected as overall indicators for measuring performance related to action:

- Capacity of partners or organisations to respond to emerging issues
- Willingness of organisations to redirect funding
- Ability to work with other partners in arenas separate from the partnership
- Involvement of additional staff from the partner organisations in the work of the partnerships
- Ability of one's organisation to achieve some of its objectives through the partnership
- Some of the partnership's objectives being incorporated into organisations' strategic plans
- Changes in the targeting of partner organisations' services
- The sharing of one organisation's resources (not necessarily financial) with other partner organisations
- Partners' ability to access the resources (not necessarily financial) of other partner organisations
- Ability to do one's job better
- Incorporation of work with the partnership into individual job objectives
- Innovation occurring as a result of the partnership's work.

2.3.4 Impact

'You would get rid of it at your peril!'

Most of the comments on the impacts of partnership were made in relation to projects rather than changes to mainstream service delivery or improvements in health status. In WIHP for example, most interviewees referred to the action research projects as having the potential for setting future direction for local service provision. As the pilots in themselves had little immediate impact, one interviewee referred to them as 'acorn seeds'. Other projects were described as 'catalysts for change'. For example a home telecare project was first taken up by a mainstream service provider, and then expanded into other areas within the Western Health and Social Services Board area. At the time of the interviews it provided telecare to entirely different client groups from the initial pilot.

In NNHAZ many partners believed that the partnership had an impact on conditions that could reduce health inequalities, for example by putting in place local networks and connections. 'You can see things like communities having more connections with health providers ... With some of the networks that have been formed I think it would be highly unlikely that you wouldn't see any changes in inequalities'. The strengthening of community capacity was therefore seen as a central mechanism for achieving impact. More tangible impacts were also referred to, such as one of the NNHAZ neighbourhoods securing the services of a community nurse to work from their premises twice a week. This was seen as having great potential for the community's access to health care.

In interviews with NWBHAZ partners, examples of programmes that had wide impacts included *Shankill 21* and the *Community Convention* that evolved from this and the *Community in Schools* developmental pathway, both of which have been evaluated favourably. Partners were concerned, however, that for partnerships to have significant and sustained impact, they need to go beyond the setting up a cluster of projects. As one partner said, 'it is easy enough to set up a number of interesting projects, which we have done. But you know projects aren't really going to change the world'. Instead, creating collaborative advantage and taking a whole systems approach was seen as essential.

Among partners in ADHAZ, the *Home is Where the Heat is* fuel poverty project was flagged up as a project that had been successful in its own rights, but which also had impacted on local capacity and on mainstream provision. Although the project evaluation was not complete at the time of the interviews, anecdotal evidence, which was later confirmed in the evaluation (Rugkåsa *et al.* 2007; Shortt and Rugkåsa 2007) showed improved self-reported health among participants and significant levels of community participation. Learning from the project was recognised and fed into the regional *Warm Homes Scheme*, administered by the Department for Social Development, and subsequently into the Fuel Poverty Strategy for Northern Ireland (DSD 2003; 2004). On the basis of this demonstrator project, ADHAZ obtained funding to roll out the programme to other areas. Partners saw this project as one that had successfully impacted on mainstream policy and practice, and was expecting its other projects to have similar impacts.

It was clear that the partners across the partnerships saw the success of various projects as a central route by which they could impact on mainstream provision and on inequalities in health in their area. They did themselves emphasise that projects were only a means to this end, but that at the early stage of a partnership, this may be where impacts first emerge. The selected performance indicators for how a partnership may impact therefore include:

- Development of projects
- Evaluation of projects
- Mainstreaming of learning from partnership projects
- Projects attracting ongoing funding
- Some projects being led by agencies other than statutory agencies responsible for health
- New services being developed
- Changes to existing services
- Strengthening of community capacity

2.4 DEVELOPMENT OF THE PARTNERSHIP EVALUATION TOOL (PET)

Once selected, the indicators formed the basis for the development of the PET. Since partnerships differ in terms of their remit, constitution, history and context, we decided that it would be necessary to assess not only a partnership's performance in relation to the indicators, but also how important each indicator is perceived to be for what each partnership has been set up to achieve. As one partner expressed it, 'it would be foolish to ignore all the advice and learning that has gone on before'. PET was developed in the recognition that partnerships build on existing relationships and capacities, which leads to differences in emphasis on what is important for success. For example 'relationships with the voluntary sector' is one indicator under the category of 'connections' and while forging such relationships may be a crucial aspect for one partnership, another may already have strong and long-standing connections. This may therefore not be where that partnership needs to invest energy or expect to derive benefit.

Another consideration in developing PET was the diversity of views which commonly exist within a partnership on various topics, including on how well the partnership is performing. To avoid the domination of particular groups or sectors, the tool needed to assess views from the full range of partners, and all partners in a partnership are invited to take part in the assessment exercise.

The PET questionnaire was constructed with these issues in mind. The questionnaire has two parts. Part 1 asks respondents to rate each indicator in terms of its importance to them in their work with the particular partnership. Part 2 then asks the respondents to rate their experience of how this has been achieved in the partnership. For example, in Part 1, for the indicator 'relationships with members of voluntary organisations' respondents are asked to rate, on a six point scale where 5 equals extremely important and 0 equals not important at all, how important this is to them:

*My participation in [partnership name] should help me
develop better relationships with members of voluntary organisations* 0 5

In Part 2, he or she will be asked to rate, again on a six point scale, how their experience compares with a set of contrasting statements about the indicator, one very positive and one very negative, by ticking the box closest to their experience:

'As a result of being a member of [partnership name]':

<i>The relationships I have developed with partners from voluntary organisations have enabled me to be more effective in my work</i>		<i>The relationships I have with partners from voluntary organisations have not made any difference to my effectiveness</i>
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Being able to contrast what partners think is important with their experience allows the partnership to identify particular areas for development, such as where indicators are rated as important but experience as poor. It may also allow them to assess where not to invest time and energy.

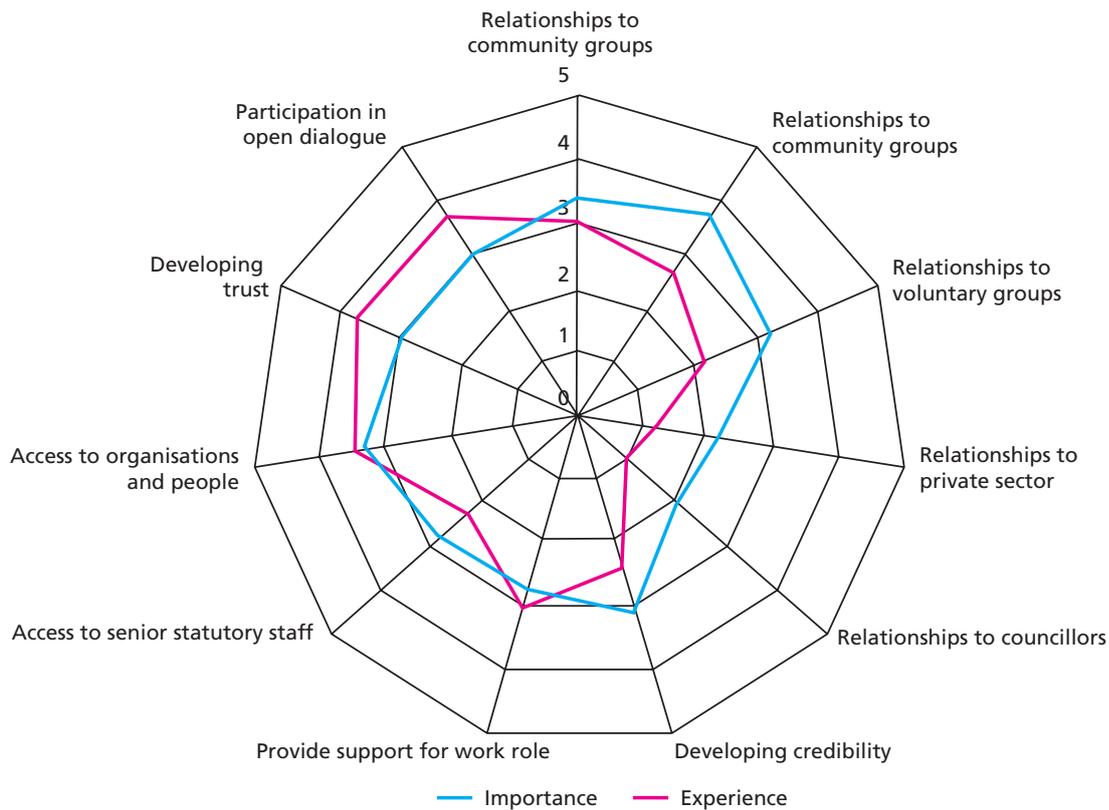
An important additional feature of the questionnaire is that throughout it prompts respondents to add comments and give examples to illustrate their responses. This, in many ways, provides the most useful feedback to partners, as it gives information as to why respondents assess performance in the way that they do. The comments may also shed light on issues or incidents that prevented or promoted progress, such as unexpected withdrawal of funding, change of personnel, or changes in the local environment outside the control of the partnership.

2.5 TESTING THE TOOL

The tool went through an iterative process of refinement based on piloting with seven partnerships. These partnerships varied in size and scope. For example, they included an IfH partnership and a HAZ; subgroups of these partnerships dealing with specific issues and themes; and a local community based interagency group. Early feedback led to a reduction in the number of indicators and clarification of wording. Indicators which were consistently rated as of no importance were eliminated, and where similar questions led to similar responses, questions were merged.

Once respondents had completed the questionnaire, a score of '0' was allocated to answers where no importance and the poorest experiences were reported, and a score of '5' was given to the issues deemed extremely important and where the most positive experiences were reported. The aggregated data was presented to the pilot partnerships in 'spider diagrams' where each of the webs represented one category of benefits, and the individual strands within the web represented indicators within this category (figure 2). Both how the partners rated the importance and their experiences were plotted onto the web for each indicator. The scores plotted in the spider diagram represent the average (mean) of the respondents' scores for each indicator. The numbers in any partnership are always relatively small – in the pilot they varied from approximately 10 to 60 (although where numbers were higher, the response was poorer). For this reason, analysis of the data was limited to producing mean scores although outliers were identified and highlighted in the reports.

Figure 2: Sample graph for the category of 'connections'



The relative strength of the replies can be read from how far from the centre of the web they are located – the further away, the stronger the partners emphasised the importance of that indicator or how positive their experiences had been. Moreover, by looking at the distance between the ‘importance’ and ‘experience’ lines, the partnership can get information that may be useful for further development; if partners place high importance on, for example, developing relationships with the community sector, but at the same time report poor experiences of this, this may be an area where the partnership may choose to focus in future. In other words, where there are significant gaps between the importance placed on an indicator and the experiences of the partnership’s performance, there may be reason for the partnership to reconsider or reflect on its performance in relation to that indicator.

In addition to the diagrams themselves, feedback reports to the pilot partnerships included a brief interpretation of the data in light of the comments provided by respondents. Whilst not presenting recommendations for action, the reports did suggest some emerging issues that the partnerships could benefit from exploring further.

2.6 FUTURE DEVELOPMENT

Our working hypothesis is that in the early phase of a partnership, the main benefits identified will be in relation to the connections made. Following this, benefits in the form of learning may emerge, which may in turn lead to changes in the capacity of individuals and organisations to act. The spider diagrams allow for a visual display of change for partnerships using PET at regular intervals. For example, one could expect that the circle representing experiences would become wider as partnerships evolve and produce more benefits.

The feedback from the pilot partnership staff suggested that they found the tool easy to use and that the report provided to them gave useful information that formed the basis for further discussion. In the pilot, we found that the response rate for PET was much higher when the questionnaires were completed during a partnership meeting than when emailed or posted to them for completion and return. In particular, it produced more comments from partners, leading to more comprehensive analysis and reports.

It was also clear that not all the indicators were relevant to all partnerships, and in future use of the tool, there may be merit in an initial selection process prior to data collection. For example, few of the partnerships sought participation from the private sector, so this indicator may not be appropriate for the majority of partnerships. To further reflect the differences in the contexts and remits of partnerships, each partnership using the tool should be able to add up to three indicators in each category if there are issues that are of particular importance to them but that do not merit inclusion in the overall set of PET indicators. The web-based tool does not currently support this.

IPH is now making PET available as a web-based tool, by accessing www.partnershiptool.ie, in which partnerships anywhere will be able to register, create their own accounts, and carry out a partnership evaluation, leading to the automated generation of spider diagrams and free text of all the comments made by those filling in questionnaires. This can be used to monitor the development of partnerships, with or without the support of independent evaluators.

Since performance measurement is based on indicators of performance (i.e. a proxy for action), it may be described as a somewhat crude instrument with limitations that must be taken into account when analysing their results. PET is not intended to provide scientific proof for the outcomes of the work of partnerships. Although it is based on rigorous research and reviews of existing literature, it is best understood as a collection of 'can openers' (Audit Commission 2000) that can assist a partnership in reflecting on how its work is benefiting from connections, learning, action and impacts. The web-based version of PET will be able to reflect back to partners what they deem important and how well that has been achieved. The content of the 'cans' that are opened may then be explored in light of the comments on enabling and limiting factors, successes and challenges. This may in turn provide a basis for broad based discussions internal to the partnership about whether they perform at the level they expect.

3. INTER-SECTORAL PARTNERSHIPS, THE KNOWLEDGE ECONOMY AND INTANGIBLE ASSETS

3.1 INTRODUCTION

Most of the problems that partnerships have been set up to address are complex and enduring. It is difficult to measure progress towards ameliorating such problems or to attribute improvements to a particular intervention or approach (El Ansari *et al.* 2001). This section introduces a novel approach to assessing the value of partnerships as a form of governance, and considers their value from the perspective of 'intangible assets' (Sveiby 1997) in the context of the 'knowledge economy'.

The benefits identified in our model are (i) the connections made (ii) the learning that takes place and (iii) the actions or new ways of working that result. Some would argue that these types of factors are 'soft', and that of themselves they do not necessarily produce benefit (Davies 2002). However, if we think of them as 'intangible assets', as is becoming increasingly common in the business world, we can see that they are, in fact, adding value (Sveiby 2001). They are intangible assets in the form of knowledge, which will bring return on investment in the future. Such a focus has significant relevance for evaluation of effect and measurement of partnership performance. Current approaches to measuring outcomes target past performance (Allee 2003). Redirecting focus to intangible assets, we argue, allows us to comment on the 'conditions of possibility' for future performance (Foucault 1970).

3.2 GROWING INTEREST IN INTANGIBLE ASSETS IN THE WORLD OF BUSINESS

In the private sector, a company is valued above its book value when it is considered to have 'good will' or future earning potential. These assets are considered to be intangible as they are not physical: they are neither buildings nor money. They depend on the people who work for the company and can be divided into three types: internal structures, external structures and employee competence (Sveiby 1997). Internal structures include such things as processes, ways of working, new designs or models. External structures include relationships with customers and other stakeholders, reputation and image. Employee competence involves the capacity to act in a wide variety of situations to create value. The challenge is to define or measure intangible assets in a standardised way that allows for comparison over time or between organisations.

All of these assets are knowledge based and of relevance to current debate on the 'knowledge economy' or 'knowledge society', increasingly referred to in literature (Sveiby 1997; Drucker 1992). A 'knowledge organisation' is one whose work consists largely of converting information to knowledge using the competence of its employees. Such organisations have few tangible assets, for example, service industries. They depend for their existence on an external network of customers and suppliers within which knowledge flows.

'Competence' provides the basis for the three categories of intangible assets and the masters of competence (experts) are key players in the knowledge economy. While information is transferable, expertise is something that is uniquely built up by individuals. Interpretation of information is based on experience and context and is unique to the individual. Such expertise may best be developed through 'on the job' learning. Working alongside others who know more allows the unconscious transfer of competence and development of tacit knowledge.

While describing how organisations acquire knowledge and improve the competence of their employees so that they can more quickly solve the problems their organisation faces, Sveiby (1997) highlights a paradox. We have access to more information than ever before and at higher speeds. Because information takes time and effort to read and digest, additional information tends to confuse rather than clarify. As Tsoukas argues,

'abundantly available information leads to ... diminished capacity for understanding' (Tsoukas 2005: 24).

This means we are more dependent than ever on subjective opinions of others who filter information. This may happen through one's external relationships or networks from which one can access the intangible assets of knowledge.

Companies which have high levels of investment in intangibles have been shown to perform better on the stock market than those who do not (Baruch Lev 2004). Does this have relevance for the public sector? Sveiby (1997) proposes that the health sector appears to be inefficient and ineffective because current evaluations of it are not designed to take intangible assets into account, and in this respect it is probably little different from most public services. According to Allee (2003), a company uses its intangible assets to enhance organisational performance and create value.

'Intangibles are non-physical factors that contribute to or are used in producing goods or providing services, or are expected to generate future benefits for the individuals or firms that control the use of those factors' (Allee 2003:154).

Allee suggests that intangibles constitute the foundations for value creation through constant exchange, sometimes for money, but more often for knowledge. There is therefore a metaphorical market place for reciprocal exchange of intangibles such as knowledge and relationships. She proposes that attempting to put a value on these exchanges, however, misses the point. Their value is related to future generation of benefit rather than as a measurement of past performance. Intangible value in a value network grows each time a transfer takes place because the initiator of the knowledge transfer retains the knowledge while at the same time transferring it to the receiver (Sveiby 2001). In other words, knowledge as a resource is not finite.

For organisations that emphasise the importance of knowledge as an intangible asset, the main strategy becomes one of enabling rather than controlling (Sveiby 2001). Such a strategy is aimed towards improving what Sveiby refers to as people's 'capacity-to-act', either inside or outside the organisation. All organisations are located in and interact with external communities where they act as organisational nodes in larger social systems.

3.3 PARTNERSHIPS AS GENERATORS OF INTANGIBLE ASSETS

So what relevance has this for the partnerships we have studied? In our model, we have been concerned with the added value of partnerships. Rather than focus on the activities of the partnerships in terms of the projects and programmes they put in place, which often produce value but for a limited number of people, we are concerned with the intangible benefits of partnerships. These are often overlooked by funders and policy-makers and yet participants in partnerships seem to intuitively place a value on them. Partners often continue to participate in partnership meetings and activities, even when a partnership cannot demonstrate any evidence that it is making a difference to the lives of those whom it aspires to help (Stern and Green 2005).

The concept of intangible assets within a knowledge economy provides a framework for explaining the value that partnerships create for individuals, organisations and society.

A key message from our research was that the changes that take place in the way that partners or their organisations work goes well beyond the remit of the partnership and may well not be seen as an outcome of the partnership. As already indicated, the importance of knowledge is that it enhances actors' capacity to act.

3.4 IMPLICATIONS FOR GOVERNANCE

So what are the implications of the concept of intangible assets for theorising about partnerships in public governance?

The partnerships in our study had little in the way of tangible assets. Their main funding was used to employ a small team of staff to coordinate and oversee partnership activities. Large public sector organisations have substantial budgets but little flexibility to redirect funding towards new priorities or to deal with emerging or growing problems. These organisations are, however, rich in intangible assets.

Our proposition is that the partnerships that we studied play an important part in increasing intangible assets for individuals, organisations and society, and that this investment is crucially important for the generation of future public value in the form of problem solving and innovation.

The types of intangible assets which are generated by partnerships seem to belong mainly to external structures and competence. Examples of external structures which were identified in the research include development of relationships and networks, and reputation or credibility. Many partners referred to their own and others' enhanced competence, arising from acquisition of information, skills and experience and exploration of shared values. The importance of this enhanced competence is the capacity to act in a variety of situations to add value.

The way in which knowledge increases in value as it is shared is particularly relevant to our case studies. There was much sharing of information by partners and extensive dialogue in which partners explored the problems being addressed and what it might be appropriate to do about them. This shared process of meaning-making is an important part of knowledge generation and transfer between all partners. How this contributes to individual competence will depend on, among other factors, the existing frames of reference of that individual, their experience, and the context within which they work. This will also determine their capacity to act.

In environments suffering from crises of information overproduction where people have difficulty processing information even if they can access it, partnerships may provide an important space for making sense, generating meaning and creating knowledge.

Key areas of knowing include knowledge of local community needs, of policy, of local infrastructure and context. The value of the diversity within partnerships is that it provides a range of people with different information, skills and experience to help the transition of information to knowledge. Some partners emphasised the market place metaphor of the partnership, in which they saw it as a forum for reciprocal exchange of knowledge, for transactions and brokered deals. Others referred to being situated 'around a table' when talking about partnership, a place of conversation. We suggest that a central benefit of working in partnerships is that of enabling knowledge transfer for the benefit of the individuals who participate, their organisations, and society.



Our indicators for performance measurement can be used to monitor intangible assets of partnerships over time in terms of connections, learning and action (Boydell and Rugkåsa 2007).

In a climate where there is increasing emphasis on performance measurement, there are serious questions about whether what is measured matters. We think it is time to pay more attention to the ability to produce future value, rather than a focus on past performance.

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ISBN 978-0-9555912-4-2