

New Labour's Partnerships: Comparing Conceptual Models with Existing Forms

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The establishment of partnerships has been a central feature of British social welfare policy since 1997 when the New Labour government came to power. Although the academic attention given to partnership working since then has grown considerably, there have been few attempts to link conceptual models of partnerships with existing forms. This paper addresses this gap and finds that, while there are links between actual and model partnerships, there is little evidence that actual partnerships have been designed or structured to meet their particular tasks.

Introduction

Recent years have seen a significant increase in academic and political discourse in the use of the term 'partnership' (Balloch and Taylor, 2001; Glendinning *et al.*, 2002a; Newman, 2001). Sullivan and Skelcher (2002: 25) point to 'the arithmetic of partnerships' in the United Kingdom with about 5500 individual public policy partnership bodies, clustering into almost 60 types, with around 75000 board members, spending some £4.3 billion in 2001/02.

However, it seems partnerships represent the 'indefinable in pursuit of the unachievable'; for instance, there has been relatively little progress in addressing the 'what', 'who', 'why' and 'how' questions of partnerships (Powell and Glendinning, 2002). The 'what' and 'who' questions focus on definitions, and the different agencies and sectors involved in partnerships. The 'why' question examines the rationale of partnerships, while the 'how' question involves the mechanics of partnership working. This paper examines theoretical models of partnership in order to address the 'why' and 'how' questions.

There is no shortage of advice on how to 'do' partnerships (Hudson and Hardy, 2002; Ling, 2000; Miller, 2004) with lists of drivers, building blocks, and components. However, as Powell and Exworthy (2002) point out, the validity and reliability of this input into 'evidence-based' policy making is less clear. Mackintosh (1992) argued that theoretical frameworks for understanding partnerships are not well developed. Lowndes and Skelcher (1998) state the design of partnerships and their management over time have been little informed by theory. According to Corry *et al.* (1997), there is very little theoretical and empirical evidence to inform policy makers about when to use partnerships and what sort of partnerships are appropriate. Sullivan and Skelcher (2002) maintain that exploring a number of theoretical approaches demonstrate how theory can help us understand why collaboration happens, the form collaboration takes and what factors affect the capacity

and practice of collaboration. More specifically, advice on how to 'do' partnerships is rarely linked to any theoretical models, and it remains unclear whether it is possible to offer generic advice for all partnerships – 'one size fits all' – or whether advice must be tailored for different forms of partnership with different aims and mechanisms.

In this paper we attempt to apply the models of Mackintosh (1992) and Hastings (1996) to a selection of existing partnerships in the UK chosen on the basis of representing some of the major collaborations involving the National Health Service (NHS) and local authorities.

Models of partnerships

While a number of writers have presented approaches to understanding collaboration and associated terms (Reitan, 1998; Bailey and Koney, 2000; Ling, 2002; Challis *et al.*, 1988), there have been relatively few approaches to understanding partnerships. Snape and Stewart (1996) identify three types described as 'facilitating', 'coordinating' and 'implementing' partnerships. Facilitating partnerships manage entrenched, highly problematic, contentious or politically sensitive issues in which issues of power are at stake, with trust and solidarity being essential for success. Coordinating partnerships focus on less contentious issues where partners agree on priorities but are equally concerned with other pressing demands specific to themselves. Implementing partnerships are more pragmatic and time limited, concerned with specific and mutually beneficial projects.

Stoker (1998a, 1998b) identified three types of partnership: principal-agent relations, inter-organisational negotiation and systemic coordination. Principal-agent partnerships involve purchaser-provider relationships, such as the contracts associated with competitive tendering and 'best value'. Inter-organisational negotiation involves bargaining and coordination between parties through the blending of capacities (such as in Single Regeneration Budget partnerships). The third category, systemic coordination, goes further by establishing a level of being embedded and of mutual understanding to the extent that organisations develop a shared vision and degree of joint working that leads to the establishment of self-governing networks. Relatively few writers have used the models of Snape and Stewart (1996) or Stoker (1998a, 1998b) to examine partnerships. However, the models of Mackintosh (1992) and Hastings (1996) have been more commonly used (for example, see Miller, 2004; Bailey *et al.*, 1995; Elander, 2002; Ruane, 2002; Powell and Glendinning, 2002; Powell and Exworthy, 2002).

Mackintosh (1992) suggests a framework for understanding the process of partnership by distinguishing three alternative models of partnership: those of 'synergy', 'transformation' and 'budget enlargement'. The synergy model aims to increase the value created by a combination of the assets and powers of separate organisations. It produces synergy from complementary assets, skills and powers so that in effect the overall combined total of them together comes to a greater amount than the sum of their individual components. The transformation model emphasises changes in the aim and cultures of the partner organisations with the degree and direction of transformation dependent on the power of the individual partners. Where they are roughly equal partners, there may be bilateral changes; where one organisation has more power, there may be takeover, isomorphism or virtual integration on the terms of the more powerful. The transformation model attempts mutual transformation of cultures and objectives. The rationale behind

the budget enlargement model is the enhanced budget that can be brought to bear on a policy or welfare problem; it is aimed at attaining funds from a third party.

Hastings (1996) extends and refines Mackintosh's (1992) framework, arguing that the latter implied that the meanings of the processes associated with the three models are straightforward and unproblematic. However, Hastings (1996) develops the synergy and transformation models and suggested that Mackintosh (1992) presented synergy as having a single meaning of financial benefits. Hastings (1996) views this as 'resource synergy' or 'added value', which results from the interaction of organisations from the same sector (such as private companies), and does not depend on exploiting the differences between organisations, but on combining these resources. This is differentiated from 'policy synergy', which combines the different perspectives of the partners to produce new perspectives and original solutions, with the original differences in culture and objectives between the partners maintained.

Hastings (1996) also identifies two contrasting dimensions of the transformation model. Mackintosh (1992: 216) sees this as a 'mutual struggle' whereby each partner tries to move the objectives and culture of the other towards their own ideas. Hastings (1996) argues that this process may be better seen as a unidirectional transformation involving an unequal power relation in which the public sector is transformed against its will, and goes on to argue that a second process of mutual transformation is possible. This is characterised by less coercive, antagonistic relationships, resulting in new sets of objectives and styles, with differences between the partners reduced.

Attempting to apply this model to urban regeneration in Scotland, Hastings (1996) writes that the budget enlargement model would not seem to have been a major factor in Scottish partnerships. This view is reached because, although the documents launching urban regeneration partnerships in Scotland did not articulate the underlying rationale for the partnership approach, the potential for synergy is seen as a possible motivating factor in devising the partnerships. However, differentiating between resource and policy synergy has revealed that the resident participants have a discrete set of priorities or interests when compared with the other partners. Although the language of transformation is absent from the policy statements, many of the stakeholders – residents, local authorities and private sector agencies – saw a process of unidirectional transformation, forcing change on local government in bringing a more 'business dimension to a public-sector approach' (Hasting, 1996: 264). The conclusion is made that the Scottish partnerships, against a 'differentiated model of synergy and transformation, appear as a limited version of partnership, predicated on resource synergy and unidirectional transformation' (Hastings, 1996: 267).

There have been few other attempts to apply the models, but Elander (2002) discusses the synergy, transformation and budget enlargement models and considers that synergy – two plus two is more than four – is shown by a typical example of the joint venture between a profit-seeking commercial firm and a non-profit organisation. The transformation model involves a public or non-profit and private sector partner. Finally, the budget enlargement model involves additional support from a third partner such as the European Union or central government. Other examples discussed are not related to the conceptual models. Another interpretation of models of partnerships is that of Greer (2001), who claims that at the heart of the partnership approach is the notion of synergy, which understands that two or more organisations can achieve more by acting together rather than separately.

There appear to be a number of issues about the Mackintosh (1992) and Hastings (1996) models. First, Mackintosh (1992) stresses that the models are not alternative types, as elements of all three are present in most partnership schemes (see also Bradrach and Eccles, 1989). In discussing the examples of a local economic development company, a looser regeneration partnership, and a social housing scheme, the method used by Hastings (1992) to assign the elements of the models to the case studies is unclear.

Second, the applicability of the models remains unclear. Both Mackintosh (1992) and Hastings (1996) broadly discuss public–private partnerships in urban regeneration, with the former claiming that the synergy (or ‘ideal’) model is the model implied by government statements about public–private partnerships to regenerate the inner cities. The underlying idea is applied to cross-boundary partnerships of two distinct economic sectors, each with identifiable pools of assets and capacities, and with clear and distinct (but not wholly mutually exclusive) objectives. The essence of the joint venture is the creation of additional profits. In its narrow sense, ‘profit’ applies only to the private sector, suggesting that one partner must be private. It is unclear whether the ‘two distinct economic sectors’ might be, say, public health and social care agencies, in which case the essence might be adding value in the sense of producing a better output to cost ratio. Similarly, the transformation model might require a private partner. Mackintosh (1992) gives the Training and Enterprise Council as an example and claims it reflects the effort by central government to reform the public sector on a more market-like model. Mackintosh (1992) writes that the budget enlargement model is implicit in many public–private partnerships, giving City Challenge as an example, and that many joint ventures are held together strongly by a common external objective of which the most frequent is the extraction of a financial contribution from a third party. However, despite the definition of partnership advanced by Alex Scott-Samuel: putting mutual loathing aside in order to get your hands on the money, there is no guarantee that two public partners might join in order to get the ‘carrot’ of additional funding.

Third, both articles pre-date the New Labour government. How well do the models fit with New Labour’s ‘third way’ partnerships?

Applying models to New Labour’s partnerships

This section applies the partnership models of Mackintosh (1992) and Hastings (1996) to some of the main types of partnership introduced by the New Labour government since 1997 that relate to collaborative networks involving the NHS and local authorities (often, though not exclusively, together), two sectors in which great emphasis has been given to joint working (Dowling *et al.*, 2004). The apparent aims (or rationale), funding mechanisms and assumptions of the specific partnership are mapped on to the conceptual models in order to fulfil this task.

Private Finance Initiative

The New Labour government fundamentally perceived the Private Finance Initiative (PFI) as an instrument by which the NHS could access private finance, managerial, commercial and creative skills by enabling the private sector to ‘invest’ in capital projects in the NHS.

In a study of the PFI, Ruane (2002) reported that NHS managers tended to be sceptical about claims for both resource and policy synergy. However, it would appear that the rationale for PFI, essentially the sharing of the costs of new hospital developments between the public and private sectors, does lend itself to the synergy model in that the basis for the partnership lies in Hastings's (1996) resource synergy. The scepticism of NHS managers may lie with a perceived inequality of influence relative to their private sector partners (Ruane, 2002), but synergy still appears an aim of PFI and may not necessarily prevent its attainment. Yet PFI, despite being focused on paying for new hospital developments, rests less easily with Mackintosh's (1992) budget enlargement model. The reason is that the model focuses on ventures aimed at attaining funds from a third party, outside both the public sector institution and the private body. PFI does not appear to match this characteristic of obtaining funds from elsewhere, but seeks to find a way in which the institutions of both sectors can use their own resources jointly, in partnership, for mutual benefit. Nevertheless, there is evidence that the public sector felt itself to be disadvantaged in the partnership by the private partner threatening the public sector ethos (Ruane, 2002), and a unidirectional transformation model (Hastings, 1996) may thus have more applicability.

Health Act flexibilities

Although it does not explicitly focus on the models of Mackintosh (1992) and Hastings (1996), a further piece of empirical research that can be linked to them is the national evaluation of the use of what are known as the Section 31 partnership flexibilities in the 1999 Health Act. These are a range of policy measures and financial incentives to improve collaboration between NHS and local authority bodies. Glendinning *et al.* (2002b) did not assess partnerships between the public and private sectors, but between the NHS and social services. The work covered the freedoms given to both sectors to pool budgets for specific purposes where contributions to the 'pool' lose their original identity (the most commonly used flexibility), to delegate commissioning to a single lead organisation and to integrate health and social services into a single organisation (with one or more of these flexibilities being useable simultaneously or in succession). A budget enlargement model has some applicability because it was found that pooled budgets were not only the most common flexibility used, but that the money came from not only mainstream budgets but also specific non-recurrent resources such as winter pressures funding (if the source of such centralised funding and incentives is seen as a 'third party').

There are also issues in using the Health Act flexibilities that correlate with the synergy and transformation models also (taking into account the qualification that neither partner is a private company). The synergy model looks partly applicable due to idea that NHS bodies and social services departments can delegate commissioning responsibilities to a single lead organisation, as this draws a parallel with the notion of producing a joint venture from complementary assets, skills and powers. Furthermore, that the Health Act flexibilities can be used to integrate health and social services staff into a single organisation, the transformation model aiming for an amalgamation of culture and objectives from a joint venture also looks applicable. However, cases where this happens may lead to Mackintosh's (1992) 'power struggle' or Hastings' (1996) 'unidirectional transformation' (concepts already discussed above).

Therefore, Health Act flexibilities may lead to examples of partnerships where all of the main three models can function besides each other. Different models may have a stronger or weaker relevance in distinct areas, depending on local circumstances.

Health Action Zones

Health Actions Zones (HAZs) are an initiative introduced by the New Labour government to bring together those contributing to the health of the local population in order to develop and implement local strategies for improving the health of local people. HAZs should address the causes of ill health (such as poor accommodation, unemployment, inadequate diets plus smoking) and most notably (though not necessarily exclusively) will include NHS bodies as well as local authorities responsible for wider areas relevant to health such as social housing. Bids could be put forward for HAZ status, with partnerships seen as the key vehicle for improving health and reducing inequalities in health (Barnes and Sullivan, 2002).

As well as dedicated resources, HAZs also have access to special funds such as joint finance from the Department of Health (Barnes and Sullivan, 2002). Similar to the partnerships arising from Health Act flexibilities, and with the same qualifier that they may not necessarily include private sector partners, the budget enlargement model thus appears to have some relevance to HAZs. Establishing such partnerships opens an opportunity to acquire additional financial resources from a third party. HAZs also correlate with the synergy model in that their rationale is set firmly in the notion that they will be a joint venture using complementary skills, assets and powers to address common health issues collaboratively. However, while HAZs are intended to be joint ventures that could feasibly lead to embedded cross-agency and cross-sector working, the links with the transformation model appear more tenuous in reality because HAZs have lacked confidence in how to 'do' partnerships successfully (Barnes and Sullivan, 2002). This does not imply a successful mutual transformation of cultures and objectives.

Local Strategic Partnerships

Local Strategic Partnerships (LSPs) normally cover a single local authority area (local authority members are key players in LSPs). They are intended as the mechanism for fulfilling the statutory obligation to prepare a community strategy through engaging important parties within the public, private and voluntary sectors and aligning their programmes with the LSPs' 'vision' for the area (Sullivan and Skelcher, 2002). In that some of these individual agencies may already be working in partnership with each other (for example, in HAZs), LSPs almost seem to represent a partnership of partnerships, potentially covering a wide range of actors (including local authorities) and interests (including health), albeit often with a smaller executive group. It would seem that the synergy model of partnership is most applicable to LSPs as their purpose is closest to the concept of a joint venture producing synergy from complimentary assets, skills and powers (although having this aim does not guarantee its achievement, as has been noted with PFI). Considering the wide variety of stakeholders in these partnerships, a transformation model could result in power struggle (Mackintosh, 1992) or unidirectional transformation (Hastings, 1996). However, the transformation model is made less relevant to LSPs because an attempt for a mutual transformation of culture and objectives is

Table 1 Applicability of different models of partnerships to actual partnerships

	Synergy	Transformation	Budget enlargement
PFI	Yes	Yes – unidirectional	No
Health Act flexibilities	Yes	Yes – unidirectional	Yes
HAZs	Yes	No	Yes
LSPs	Yes	No	Yes

Note: 'yes' signifies a notable degree of applicability, 'no' signifies a lack of applicability.

complicated by such strategic partnerships often covering a wide variety of agents with possibly different interests, and contradictory features. Nevertheless, in that the main source of funding for LSPs is the neighbourhood renewal fund, this can be seen as a new source of additional monies. Hence LSPs may have some commonality with the budget enlargement model.

Discussion

This paper has explored the matching of partnership models to empirical research on New Labour's partnerships. Different partnership models may be appropriate in different contexts. The synergy and budget enlargement models appear most useful where the problem is mainly one of inadequate resources (financial, human and other). The transformation model seems more appropriate where organisations or agencies have divergent foci and priorities.

Table 1 explains how the models apply to the major types of partnership assessed in this paper. What becomes clear is the validation of Mackintosh's (1992) point that the three models are not mutually exclusive. Different models can and do function alongside each other, similar in principle to the notion that alternative governance structures (such as markets, hierarchies and networks) can and do function alongside each other in local economies or single organisations (Thompson *et al.*, 1991).

Table 1 shows that the synergy model is most applicable to those of New Labour's partnerships discussed in this paper. This is not surprising as the synergy model – whereby partners aim by cooperating together to raise the value of their output to a higher level than would be achievable by working alone – corresponds with much of the overriding theories relevant to partnership and cooperation (see Axelrod, 1984; McQuaid, 2000). This also clearly fits with New Labour's mantra of cooperation rather than competition (Glendining *et al.*, 2002).

The budget enlargement model also has high relevance, due primarily to the additional funding sources that have been made available for setting up particular types of partnerships. This, which can be perceived as offering financial incentives or even payment to set up partnerships, was surely a reflection of the New Labour government's enthusiasm for partnership working, with it not just 'emphasised and mandated at every turn' (Paton, 1999: 69), but has been made a requirement rather than an option (Dowling *et al.*, 2004). This of course raises the question of whether mandatory partnerships or enforced cooperation is the environment in which partnerships are most likely to do well. Or are partnerships more likely to succeed when the partners have chosen to collaborate

themselves? This may not be the case, as it is generally considered that prior to 1997 (before New Labour's priority with partnership working), partnerships tended to provide disappointing results (Powell and Glendinning, 2002). But the evidence to reach a firm conclusion whether New Labour's ones are performing any better is, at least in terms of the outcomes relating to the needs of clients or service users relevant to health and social service partnerships, largely unavailable (Cameron and Lart, 2003; Dowling *et al.*, 2004).

The transformation model has less applicability to New Labour's partnerships than the other two models. The reason for this is likely to be that the model emphasises a change of cultures and objectives in accordance with the division of power within a partnership. Although some definitions of partnership accentuates a degree of equality between the individual partners (Powell and Glendinning, 2002), the partners often possess very unequal levels of influence (McQuaid, 2000) and there is no reason to imagine that inequality between partners does not exist in many of New Labour's partnerships (Glendinning *et al.*, 2002a). Although an inequality of power can be both legitimate and acceptable between the partners (McQuaid, 2000), in some cases one partner may coerce or mandate another, leading to significant tensions within the partnership (Bennett and McCoshan, 1993). The potential for such coercion through unequal power may create suspicions and caution in adopting or accepting what would be defined as a transformation model.

Conclusion

It is necessary to consider how useful these models actually appear. Firstly, the conceptual or theoretical background of them is unclear. Mackintosh (1992: 212) cites 16 references, and seems to produce the models from 'thin air', with little reference to wider models of inter-organisational literature, apart from a claim that emerging from the corporate strategy literature, the concept of synergy refers to the 'additional benefits of companies working together rather than severally'. Also, it is not clear whether these models require different preconditions or organisational structures, nor whether there are different routes to moving towards them (Powell and Glendinning, 2002). For example, different partnerships have different objectives in the UK (Glendinning *et al.*, 2002a); if budget enlargement is the aim of a partnership, does it require a different organisational structure from a synergy model partnership that has the alignment of complementary skills to bring better decision making or effectiveness as a primary objective? In effect, are different forms of organisational settings, goal structures, and management roles or activities required for the different models?

We argue that they are, or that context matters. There is a significant literature suggesting that different organisation types, governance arrangements, and working processes are applicable to the accomplishment of different tasks, objectives, and strategies (for example, see Thompson *et al.*, 1991; Sheaff *et al.*, 2004). There is no reason to presume that partnerships are generic and will be immune to the need to find the appropriate structure and processes for the achievement of particular kinds of tasks and goals. One type of organisation is unlikely to be the 'best fit' for every form of performance requirement, and one type of partnership is unlikely to be the 'best fit' for every kind of function required from New Labour's partnerships (Ling, 2000). There is no single easily transferable model of partnership (Roberts *et al.*, 1995). However, that Sullivan and Skelcher (2002) were able to draw up a typology of New Labour's partnerships suggests

there is a significant level of overlap between the various partnerships introduced in the UK since 1997 in terms of purpose, status, membership, accountabilities, governance or delivery mechanisms, and performance review. While there are good reasons to be confident about the potential advantages to be gained from partnership working (Glendinning *et al.*, 2003), to realise that potential it would seem attempts should be made to provide advice to partnerships on operational issues including their structures, working processes and managerial arrangements.

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