Inter-agency working: good intentions and interaction dynamics

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Abstract

This paper explores inter-agency working and examines the implications of inter-agency operations for delivering multi-domain service outcomes. Cross-agency collaborative approaches to service delivery are suggested to provide the vehicle for achieving integrated service and policy goals. However, it is argued these need to be crafted ‘fit’ for purpose’ and may not be the requisite approach for all joint purposes. Moreover, some commentators suggest that the optimism about these partnership arrangements and cross-agency actions to resolve complex multi-dimensional problems may be misplaced and propose that further research into the actual rather than desired consequences of these arrangements may find that, at times, partnership working creates negative effects.

While collaboration and partnerships are often framed as the way to achieve real breakthroughs in service delivery across agencies, there remain key challenges to interagency working. As more and insistent calls for agencies and other community actors to work together in resolving complex social problems are heeded, the implications of working across organizational boundaries need to be further investigated. This paper investigates cases of inter-agency programmes to understand the dimensions and limitations of inter-agency working. The paper concludes by offering a framework for better inter-agency working that has applicability across all sectors.
Inter-agency Working: Good Intentions and Interaction Dynamics

Introduction

A well functioning social service system is argued to play an important role in facilitating social and economic well-being. Accordingly, most developed western nations have well established social service systems in which government and non-government agencies provide a range of services to people of all ages, life situations and incomes. Historically, these services have evolved with their own ethos, service orientation and policy and programme approaches. These single issue-focused agencies have traditionally been resourced through functionally specific funding approaches directed at agency operations rather than being directed to specific cross-cutting issues.

From the 1970s onward, however, continuing social, economic and political factors have challenged the ability of these ‘silod’ initiatives to meet their objectives (Brown and Keast, 2005; Glasby and Dickinson, 2009). Over time, the failure of programmes to ameliorate, let alone solve, social and economic disadvantage has led to widespread calls for service integration and cross-agency working. This demand for inter-agency working has also been accelerated by the introduction of a more horizontal or network style of service intervention supported by a joined-up or whole-of-government model of service delivery. Underpinning the political and programmatic adoption of integration, has been a programme logic that has consistently stressed the value of across-agency working as a mechanism for delivering effective, efficient and relevant intervention programmes.

Such collaborative approaches to service delivery are argued to act as vehicles for achieving integrated service provision and holistic policy goals. The intent of inter-agency working has been to overcome entrenched power concentrations, to promote the resolution of complex service delivery issues and to improve outcomes for people receiving services (Tang and Youmin, 2006). As a consequence, there has been a proliferation of initiatives aimed at cross-agency integration or joined-up workings that sit alongside or replace conventional single agency approaches to service delivery. These arrangements include coalitions, collaborations, partnerships, joint ventures and networks that have been established between agencies and increasingly sectors (Huxham, 2000; Agranoff, 1991, 2001). Unlike conventional single service models (which are characterised by vertical authority relations and top down administrative actions), the current round of inter-agency arrangements rely predominantly on the horizontal relational axis as the coalescing feature; often re-enforced by the stabilising regimes of authority through contractual relations such as those found in service agreements.

In view of the changing contexts and requirements and the shifting and reconfiguring relations that now comprise the architecture of the social services, it is argued that these inter-agency arrangements need to be crafted
‘fit-for-purpose’ and may not be the requisite approach for all joint purposes (Keast et al, 2007). Moreover, some United Kingdom (UK) commentators, in particular, are starting to adopt a more critical approach in which ‘partnership’ is no longer seen as an automatic, preferred policy response to any given problem. As an example of this, the UK’s Audit Commission (2005) has argued that partnerships can be crucial to delivering improvements in people’s quality of life, but can also bring risks as well as opportunities. In particular, the Audit Commission suggests that partnerships may not always deliver value for money (given the direct and indirect costs associated with developing the arrangements and relationships for partnering approaches), while the complexity and ambiguity which partnership working entails can “generate confusion and weaken accountability” (p.2). In addition, the Commission found that areas such as leadership, decision-making, scrutiny and risk management were all under-developed in the partnerships they studied. Above all, “local public bodies should be much more constructively critical about this form of working: it may not be the best solution in every case” (Audit Commission, 2005, p.2).

Against this background, this paper draws on a series of case studies from Australian and English inter-agency collaborations in order to explore the outcomes that partners seek to achieve via different types of inter-agency working, the contexts in which they operate and the processes, structures and relationships they develop. The research question posed is: what are the optimal conditions for establishing cross-cutting partnerships to achieve successful social outcomes through integrated service delivery? In the process, the paper argues that:

- Different partners need to work together in different ways, depending on what they are trying to achieve and for whom.

- The best way of organising will often be shaped by different local contexts and histories, and can vary over time.

- Without being clear about issues of context, process and outcome, there is a danger that inter-agency collaboration becomes an end in itself rather than a means to an end.

To examine the dynamics of interaction, the first part of the paper provides an overview of the critical issues relating to inter-agency working. The paper draws on the research undertaken in the health services sector and the social services sector to compare and contrast the efforts to develop inter-agency approaches to service delivery. Building on this introduction, the next section of the paper summarises some initial theoretical frameworks that guide our subsequent analysis. The paper then presents and explores a series of practical case studies in order to further illuminate the issues at stake. By interrogating several international case studies, the paper seeks to determine whether there are specificities that may drive the resolution of these problems or whether there may be common issues across sectors and national contexts that need to be addressed to facilitate better inter-agency arrangements.
Inter-Agency Working: Background and Key Concepts

Historically, responsibility for the care and protection of citizens (the sick and the vulnerable) fell to family members and community groups (Fraser, 1973; Tierney, 1970). Over time, these private efforts became organised into benevolent societies and charities, and eventually non-profit agencies were formed to cater for the needs of ‘the worthy poor’. For some time governments accepted little or no responsibility for the provision of social services. However, as urban development expanded and the scope and depth of social problems increased, governments took a more active role either in subsidising or, increasingly, delivering large scale programmes related to, for example, health, education and social service (Lyons, 2003; Brown and Keast, 2005; Mandell and Keast, 2008). Following the organisational ethos of the period, the emergent public services were based primarily on single agency approaches, with specific national, regional and local structures created to respond to specific social problems, often without sufficient recognition that such social problems can frequently interact (see, for example, Glasby, 2008).

Over the years, the ability of organisations to act by themselves to deal with increasingly complex and intractable social problems – often described as ‘wicked issues’ (Clarke and Stewart, 1997) – has become more constrained. Increasingly, awareness has grown that one agency or sector no longer has the resources (human, physical or capital) or expertise to respond fully to more complex, cross-cutting issues and concerns. In response, interest began to grow in different forms of joint working, with an emerging belief that it might be possible to deliver more integrated, effective and cost-effective services through inter-agency working and joined-up approaches to service delivery. The concept of partnership at the level of department or agency together with the community sector, offered a way of drawing together disparate service provider groups and the possibility of developing innovative joint solutions to social problems. The acceptance of the need for better co-ordinated and integrated services and the focus on inter-agency working gained ascendancy in policy and decision-making areas of government and these efforts were consolidated under the rubric of ‘partnership’ (Brown and Keast, 2005; Glasby and Dickinson, 2009) However, as this partnership agenda developed in importance, there was an increased risk that policy makers and local partners would begin to use the concept of ‘partnership’ and collaboration uncritically and in non-specific ways. Further, the notion of partnership often obscured the power relationships that underpinned government as funder and the community sector as contracted deliverer of services (Ryan and Brown, 2006). Thus, there is a growing sense that such terms may now be over-used – due in part to the fact that it is very unclear what is actually meant by such concepts. Simply, if the notion of partnership can mean all things to all people, then it is difficult to argue against (for who could be against the notion of working together for the common good?).

In order to move beyond the use of the term partnership merely as a rhetorical device, there is a need to gain a better understanding of efforts to achieve greater co-ordination between programs and attempts to deliver seamless social and community services. There is also a necessity to examine whether
the variety of ways joint working can achieve successful outcomes requires differential treatment of both the relationship between the parties and the intensity with which the parties need to work with each other to deliver services. There has already been some research setting out the variety of interactions and relationships, but these studies have not been brought together in a systematic way that identifies integration mechanisms with desired actors over program life cycles. In order to begin this process several integration frameworks are investigated for their saliency for this purpose.

In order to bring much needed clarity to such concepts and approaches, a number of commentators have proposed a series of frameworks and key definitions. This study draws on three such approaches developed by the current authors. First, the concept that joint working approaches should derive from a systematic identification of the context, mechanisms and outcomes is considered as a key starting point. Building on this model, Glasby and Dickinson (2008) argue that public services and policy makers need to be much clearer with themselves and with key stakeholders about:

• What they are trying to achieve for local people, staff and local organisations by developing joint work (desired outcomes).

• How well current approaches do this already (context).

• The best mechanisms for getting from where agencies currently are to where they want to be (process/structure).

This model, set out in figure 1, is derived from approaches common in theory-led research approaches such as realistic evaluation and theories of change (see, for example, Connell and Kubisch, 1998; Dickinson, 2008; Pawson and Tilley, 1997), and is designed to help potential partners be clear about the kind of relationship they need with each other in order to achieve mutually agreed outcomes.

**Figure 1:** Focusing on outcomes

![Diagram](context_process_outcomes.png)

Second, Brown and Keast (2003) and Keast et al (2007) propose a model - the ‘3 Cs’ - which contends that horizontal integration sits on a continuum that ranges from highly fragmented to a fully integrated service and delivery system. Further, it differentiates according to three main integration goals (cooperation, coordination and collaboration) in terms of the level of relationship connection and the types of outcomes to be achieved (see figure 2).

**Figure 2:** 3Cs Integration Continuum

![Diagram](3 Cs Continuum.png)
## Integration Continuum

<table>
<thead>
<tr>
<th><strong>Low trust — unstable relations</strong></th>
<th><strong>Medium trust — based on prior relations</strong></th>
<th><strong>High trust — stable relations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrequent communication</td>
<td>Structured communication flows</td>
<td>Thick communication flows</td>
</tr>
<tr>
<td>Known information sharing</td>
<td>‘Project’ related and directed information sharing</td>
<td>Tactical information sharing</td>
</tr>
<tr>
<td>Adjusting actions</td>
<td>Joint projects, funding and policy</td>
<td>Systems change</td>
</tr>
<tr>
<td>Independent/autonomous goals</td>
<td>Semi-independent goals</td>
<td>Dense interdependent relations/goals</td>
</tr>
<tr>
<td>Power remains with organisation</td>
<td>Power remains with organisations</td>
<td>Shared power</td>
</tr>
<tr>
<td>Resources — remain own</td>
<td>Shared resources around project</td>
<td>Pooled, collective resources</td>
</tr>
<tr>
<td>Commitment and accountability to own agency</td>
<td>Commitment and accountability to own agency and project</td>
<td>Commitment and accountability to the network first</td>
</tr>
<tr>
<td>Relational time frame requirement - short term</td>
<td>Relational time frame medium-term - often based on prior projects</td>
<td>Relational time frame requirement – long-term 3-5 years</td>
</tr>
</tbody>
</table>

In a similar fashion, Glasby (2008) proposes a depth and breadth matrix (see figure 3), which forms the third element of the integration trilogy. The matrix seeks to explore and identify the nature of the relationships different partners might need with each other in order to achieve particular aims. The framework identifies the specific vehicle for facilitating the relationship and allows clear identification of the array of actors to be included in the joint effort.

**Figure 3:** Depth v breadth of relationship (Glasby, 2008)
The outcomes model systematises the steps for systematically setting out and identifying what is to be achieved, under what conditions and who should be involved. The 3Cs model addresses the requirement to develop the degree of integration for optimal joint effort in terms of relational intensity for action. The integration continuum directs the intensity of the integration in order to achieve associated levels of relationship and the mechanisms to put in place to foster these joint approaches and outcomes. The relationship framework identifies the depth and breadth of relationship to select the required stakeholders along with the appropriate mechanism for bringing the identified actors together. These models combined (see figure 4) foster better planning and preparation for inter-agency initiatives. Not only can the appropriate parties be identified early - those parties can develop the requisite integration mechanisms and relationships. Failed efforts in service integration are costly in time, effort and resources. Moreover, failure to resolve complex social problems has high social costs of community dislocation and poor quality of life outcomes.

**Figure 4: Composite Model**

![Composite Model Diagram](image)

- **Depth of relationship**
  - Health and social care
  - Health and wider local authority
  - Health, local authority and wider community

- **Breadth of relationship**
  - Cooperation
  - Coordination
  - Collaboration

- Levels:
  - Sharing information
  - Consulting each other
  - Co-ordinating activities
  - Joint management
  - Partnership organisation
  - Formal merger
Combined, it is argued that these frameworks provide a more comprehensive suite of indicators against which to assess partnership arrangements and to build the requisite relational and structural arrangements for new or failing initiatives. The case studies of inter-agency initiatives in Australia and England (below) outline the ways in which integration and inter-agency arrangements have been developed and seek to test the efficacy of the combined model to understand the drivers, elements and outcomes of joint efforts.

**Inter-agency collaboration in Queensland (Australia)**

Queensland, like most other jurisdictions beset by rapidly expanding service sectors, increased public expectations and decreasing budgetary allocations, has long sought after the 'holy grail' of service integration. Indeed, there was a strong view that an overly individualised approach had added to the problem. This view was succinctly stated by a community delegation to the Queensland Government, which identified: “multiple agencies, both government and non-government, that are poorly coordinated, disparate and not in synchronisation” (Government Service Delivery Project, 2000). Government representatives also echoed similar sentiments (Walsh 2000, p.5).

In acknowledging these concerns, the Queensland Government established a policy agenda with a cross-agency focus and began to explore a number of alternative modes of ‘joined-up’ or ‘seamless’ service delivery (Head, 1999; GSD, 2000a and b). The issue of service integration was also firmly on the agenda of other Australian state governments and non-profit sectors, mostly taking the form of more responsive and inclusive forms of community involvement (see Szirom et al, 2002). Based on international and national developments, the Queensland government initiated the Government Service Delivery Project (GSD) the major objective of which was to “develop a whole-of-government framework to support more effective and integrated service delivery to the community by Government” (GSD, 2000a and b). The GSD acknowledged that there already existed an array of integration initiatives within the sector and instead looked to augment and build on those by creating an overlay of horizontal and vertical networks and partnerships (Keast, 2001). Despite some early successes in progressing the goal of joined up government through more cooperative and coordinated relationships and actions across government and the community sector, the GSD was effectively dismantled in mid-2000 after less than two years operation and just prior to its framework going to government for endorsement, primarily because it had begun to push public sector decision making outside the traditional domain actors (Keast and Brown, 2002).

Although the GSD was ceased before it could meet its objectives, it nevertheless signalled an important strategic direction for the state government that in turn enhanced the prominence of service integration efforts in regional areas of the state. Some of these initiatives included the Crime Prevention Strategy, the Community Renewal Program, Local Area Coordination Initiatives and the Place Based Program. Discussing the Community Renewal projects but equally relevant to the wider set of projects, Walsh and Butler (2001) noted that these (essentially partnership
arrangements) were underpinned by complex sets of inter-organisational and multi-level governance relationships.

However, the government was also aware that citizens did not just want better cooperation and more efficient coordinated services; they wanted to be involved in decision making processes and deliberations of government (CED, 2001). That is, citizens wanted to move beyond the limited and often tokenistic, consultation processes previously offered by government to be more engaged in policy development and service delivery options, particularly those impacting on their communities. In response, a regular and ongoing schedule of Community Cabinet Meetings was commenced across the state (Davis, 2001). Based on this, a Regional Communities Program was established aimed at “giving people who live in regional Queensland… input into State Government policy development and decision making” (http://www.regional communities.qld.gov.au). An independent review of the program in 2001 indicated that the process had resulted in improved regional integration (Sector Wide 20001b, p.6). Other community-centric initiatives initiated to better engage citizens with the processes of government included the establishment of a Community Engagement approach and Division (initially located in the centre of government but now housed with a line agency,) as well as an e-democracy unit. Initially hampered by lack of dedicated funding and an inability to develop a framework for collective action, these initiatives were accused of talking the language of partnership and engagement while their actions and behaviours remained embedded in a vertical ethos. In effect the services and initiatives were not structured to match their purpose, with processes and tools which worked against the stated intent. Nevertheless, over time a policy and practice space was created within which more participatory community-centric modes could be explored.

**Institutional Integration Mechanisms**

To complement and enhance the operation of these more innovative participatory approaches to ‘whole-of-government’ policy development and service delivery, the Labor Government also employed a range of more conventional integration mechanisms. This program of reform drew on both conventional integration processes of structural realignment, such as the formation of a Strategic Policy Office located within the Department of Premier and Cabinet to “develop, co-ordinate and review Government processes, policies that relate to the delivery of Government agenda in a strategic, coherent and consistent manner” (Menzies, 2002, p.6).

Also introduced were Community Cabinet Meetings (CCM) where public officials (elected and public service) attended regional areas to receive deputations from local citizens and citizen groups (Davis, 2001). As suggested above, although based on horizontal principles of engagement, the CCMs remained anchored largely in the vertical. A further intuitional endeavour adopted by the government was the use of Chief Executive Officers’ Committees across a range of service domains (including the human services) to bring together and better link polices and services (O’Farrell,
The rhetoric for these committees centred firmly on networks and personal relationships. However, their effectiveness was also reliant on the existence of a strong mandate from the Queensland Premier for integrated services. Despite the stated objective for collaboration and merged services, as many of the CEOs noted, the committees at best exhibited coordinative relations and institutional arrangements.

Many of the initiatives outlined above, although seeking to achieve collaboration, fall into the category of cooperation and coordination and their institutional arrangements largely reflect this purpose. On this, Keast et al (2007) have stressed the need for both government and non-government actors to be clear in their stated purpose and ‘mix and match’ the required strength of relationship and institutional arrangements. Failure to achieve this clarity of purpose and structure can lead to an ongoing disconnect which undermines integration outcomes.

As noted above, despite claims to the contrary, there were and remain very few examples of collaboration or genuine partnership. A specific example of one such cross-cutting intervention is the Cape York Partnership Program which arose from the Cape York Justice Study of 2001 (The Fitzgerald Report) that highlighted and reinforced various claims about the multidimensional and interconnected issues confronting Indigenous communities in the Cape York district (Pearson, 1999). The depth and persistence of these intractable problems highlighted the need to develop and implement a completely new, more community-centric way of working. Under this approach, Indigenous communities work directly with government departments to plan better community-specific outcomes. This initiative represents the first time that government departments have moved beyond direct service delivery, arms-length planning and service outsourcing to a culturally appropriate approach to partnership based on round-table dialogue and joint decision making and problem solving (Queensland Government, 2002a).

Overall, over the past two decades successive Queensland governments have responded to increasing demands for more integrated and responsive policy development and service delivery with a suite of integration initiatives, most of which featured horizontal working arrangements between departments and agencies. The end result, however, is that Queensland has in place a plethora of integrated arrangements. Many of the current suites of initiatives such as Child Safety Partnership Networks or the Responding to Homelessness Strategy all draw on horizontal relations, often talking of the development of collaboration and partnerships. However, as has been shown above, these initiatives are mostly at best located at the cooperation and coordination end of the integration continuum, with few genuine examples of collaboration and partnership. Furthermore, evaluations highlight that in many instances this lower level of connection and relationship is appropriate to the expressed goals of the projects. These evaluations and other work (McGregor-Lowndes and Turnbull, 2003; Lyons, 2003; Brown and Keast, 2003; Keast et al, 2006) also highlight that many of the supposed partnerships and collaborations in fact do not reflect the characteristics of equal partners.
as, in many cases, government wants to continue to be in charge and this has undermined the relationships and the expectations of community and inter-agency group members. For government (and to some extent community agencies), there has to be a realisation that horizontal modes of integration, especially those at the collaborative/partnership end, requires a significant adjustment of expectations and behaviours – it is not ‘business as usual’ (Keast and Brown, 2006).

**Inter-agency collaboration in England**

Although more effective inter-agency working has long been a policy goal in the UK, the election of the New Labour government in 1997 has brought added emphasis to this policy and program direction (see Glasby, 2008; Glasby and Dickinson, 2008 for an overview of recent policy). Claiming to move beyond traditional ideological commitments either to the public sector or to the market, New Labour placed partnership working at the centre of its ‘third way’ for health and social care. Under the mantra of ‘joined-up solutions for joined-up problems’, a series of new legal powers were introduced under the 1999 Health Act to enable health and social care to pool funds, create integrated provider services and delegate responsibilities for commissioning care for particular groups to a lead partner. At the same time, the government also introduced a series of area-based initiatives to promote inter-agency working in order to tackle cross-cutting issues such as health inequalities, long-term unemployment and low educational standards (often referred to as ‘Health Action Zones’, ‘Employment Action Zones’ etc).

However, with a change in Secretary of State, policy from 2000 onwards seemed to suggest an increasing frustration with a perceived lack of progress. Instead of the earlier emphasis on local flexibility, joint working and blurring traditional agency boundaries, policy increasingly focused on structural change as a potential solution. A classic example of this is the creation of a small number of Care Trusts – integrated health and social care organisations to either provide and/or commission health and social care on behalf of particular service user groups (often people with mental health problems and older people). Using the matrix in figure 3, such organisations are at the top of the ‘depth’ axis (formal merger), yet typically focus around fairly narrow partners (health and adult social care).

Technically, Care Trusts are NHS organisations with social care responsibilities delegated to them (see Glasby and Peck, 2003 for a summary of the key issues in this paragraph), and they tended to be rejected by local government (who saw them as an NHS take-over of social care and as representing a loss of local democratic control of local social care services). Many areas initially interested in Care Trust status later sought other options, believing that there were other ways of working together that could achieve similar outcomes without this level of structural change. Early on, moreover, initial evaluation suggested that the new Care Trusts were struggling to identify any key outcomes that they were delivering as a result of being an integrated organisation that they could not have delivered as separate organisations working flexibly together. In some areas, the process of
establishing a Care Trust inevitably became something of an end in itself (rather than a means to the end of better services and outcomes). Indeed, the complexity of creating new structures was such that some areas have probably focused too heavily on this at the expense of developing local inter-agency relationships and improving individual practice. As a result of these factors, there were only ever relatively few Care Trusts (approximately 10 out of around 150 health and social care communities) and many that were formed often seemed to be a response to a fear of external threat (that is, very small areas on the edge of much larger cities, who saw integrating locally as a way of avoiding being merged into a larger organisation in more recent NHS reorganisations).

Interestingly, the situation in children’s services was somewhat different. Following an official review into a high profile child death, the 2003 Every Child Matters reforms encouraged the creation of more integrated children’s services via local Children’s Trusts. Crucially, these were local government-led bodies, and there was total local flexibility – thus, some areas have real Trusts and others are virtual; some commission and provide, while others focus on provision; some focus on all children and young people, while others focus primarily on a specific group. Equally interestingly, such arrangements may now be under threat following an equally tragic child death (in the same area as in the 2003 review) – at the time of writing, there has been a strong political and public reaction, and the 2003 reforms are now under review again (with the possibility of further and more prescriptive structural change being debated). As with adult Care Trusts, there has been ongoing discussion about the extent to which new Children’s Trust arrangements have led to better outcomes for children and young people (see, for example, Audit Commission, 2008).

Alongside such changes in service structures and in national policy, New Labour also sought to bring about improvements in interprofessional practice and collaboration at local level. As an example, the hospital discharge of frail older people has long been a policy concern, with risks of premature, poorly co-ordinated or delayed discharges leading to significant levels of ‘blocked’ beds and jeopardising the health and well-being of vulnerable older people (see Glasby, 2003 for a summary of recent research and policy). Here, there has also been a shift in emphasis with different approaches developed at different times. Since the early 2000s, key mechanisms have included the provision of new guidance and extra resources; the provision of national and regional support for local improvements; and a national policy focus to 'concentrate the minds' of local managers. From 2003 onwards, moreover, new legislation enabled hospitals to 'fine' those social services departments unable to discharge frail patients deemed medically fit to leave hospital. From the beginning this was a controversial approach, with commentators divided as to whether this would help to solve a longstanding policy problem or simply encourage mutual recriminations and perverse incentives. Often views seemed to depend on implicit assumptions about the purpose of the policy concerned, with opinion divided as to whether the priority should be a swift throughput of patients or giving frail older people greater choice and time to achieve longer-term, more patient-centred outcomes.
Overall, this brief overview reveals a number of tensions in English partnership policy. Despite a well-meaning attempt to promote more effective collaboration, government policy has shifted between local flexibility, structural solutions, national prescription and the use of financial penalties/incentives - to name but a few approaches. Against this background, some local areas have found it difficult to be clear about what they are trying to achieve by working in partnership, about whether structural changes are the best way of delivering desired outcomes and about how they would know if they had been successful. In the case of hospital discharge, moreover, different policies seem to have been trying to achieve slightly different things at different times, with a subsequent lack of clarity about the outcomes being sought or the best way of achieving these.

Discussion and Conclusion

The search for integration, while long standing, has become more acute in recent times; especially since the late 1990s when it became increasingly apparent that the nature of the problems confronting society could not be addressed by one agency working alone. Integrated service delivery and inter-agency partnerships have been offered as a key response to resolving problems of inadequate and poorly-resourced social service provision. However, this paper has argued that the goals of inter-agency working across government agencies, even between those residing within the same sphere of government, can be thwarted by an inability to develop strategies for sharing power, resources and joint action, together with the problems of aligning the different structural and institutional arrangements of individual agencies. In particular, mismatched approaches such as those that are highly process-driven and those that are highly relationally-oriented can work against resolving the identified complex social and community problems that have been the policy and program intent of government action.

The case studies cited above have elucidated the variety and strength of different integration mechanisms and the diversity of relationships that can be utilised to deliver social outcomes. Findings have shown that understanding the breadth and depth of the relationships required together with the apposite level of integration might assist those charged with inter-agency working to develop successful and appropriate arrangements to facilitate joint efforts. However, it is has been shown through the case studies that different partners need to work together in different ways, depending on what they are trying to achieve and for whom. The best way of organising will often be shaped by different local contexts and histories, and can vary over time. The outcomes approach detailed in figure 1 alerted to this possibility and it is considered that without being clear about issues of context, process and outcome, there is a danger that inter-agency collaboration becomes an end in itself rather than a means to an end.

Further research needs to be directed to developing a protocol for acquiring relevant data relating to all three integration schemas outlined and examined
in this paper. It is suggested that interaction between context, level of integration and intensity of relationship offers a comprehensive framework for better delivering joint working outcomes. It sets out the requisite elements for consideration and allows framing the problem before setting out on delivering potential solutions. In this way, the framework identifies the critical elements for achieving joint efforts and does not rely on over-generalised principles of partnership to drive this agenda. It establishes a practical and comprehensive set of considerations for those charged with the responsibility of inter-agency operations and efforts. Further research into the evaluation mechanisms of inter-agency action and programs would establish a useful suite of instruments with which to plan, deliver and assess inter-agency initiatives. The case studies identify the tendency for those responsible for inter-agency work to over-estimate the integration requirements and to misalign the integration mechanism with the relationship intensity. Thus, it is possible that better allocation of resources might result from earlier and better-targeted effort in utilising the outcomes approach to clearly define the number and importance of actors, levels of integration and mechanisms for achieving this relational depth.
References


