An exploration of intersectoral partnerships for people with multiple and complex needs: a realist informed qualitative study

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Dedication

This is for my mum and dad who taught me from a very young age to always be inquiring, respectful and kind to others and to not be afraid to dream. I hope I haven't let you down.

My study is about partnerships – and there have been many partners involved in this research! It is appropriate to acknowledge all of the people who have enabled me to complete this:

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Abstract

The well-being of people with complex and multiple needs is impacted upon by the interplay of life experiences, social determinants, contextual factors, and health conditions. People with multiple and complex needs are considered to include but not be limited to

- People with severe and enduring mental health problems
- People who are in contact with the criminal justice system
- People with substance misuse problems
- People whose life opportunities are limited due to income
- People who have experienced significant trauma

Despite policy imperatives, there remains a lack of systematic knowledge and practice relating to what works, for which people, and under which set of circumstances.

Evaluating the evidence base for interventions for people with complex and multiple needs is complicated by several factors. Historically (and currently), interventions tend to be focused on a diagnosis, behaviours, or for a particular age range. Too often, professional services look at behaviour and conditions without exploring the wider set of relationships and opportunities and life disruptions that people might have experienced or are experiencing.

Within the Lothian area, a number of intersectoral partnerships (ISPs) have been developed, focused on improving health, well-being, and opportunities for people with multiple and complex needs. The partnerships are intersectoral in that they include statutory, private, and voluntary partners working together to provide innovative interventions and services for people with multiple and complex needs. Lothian's ISPs provide support to individuals, in response to specific needs, and may be defined by geographical locations or in respect to service requirements. However, common features of good practice are obscured by differing models for provision, apparently dissimilar client groups, and a diversity of providers and contributors. Key success features and elements of effective practice require investigation and synthesis.

The current research used qualitative and realist methods to propose a "programme theory" of effective intersectoral partnership based on ISPs within Lothian. Qualitative data were gathered from 18 key informants from 6 Lothian-based ISPs. A clearer, more rigorous, and systematic understanding of ISPs for people with complex and multiple needs has been developed, with recommendations for how programmes might be developed in other areas or otherwise expanded.

The Incite model is the summary descriptor of the refined programme theory. The model contains the programme theory of context, mechanisms, and outcomes which should be considered in the development of an intersectoral partnership. How the Incite model may be operationalised is discussed in the thesis, as well as implications for policy, practice and research.

2 Introduction

The thesis begins with personal motivations for the study, followed by an overview of background and aims. The literature review covers a number of issues relevant to the thesis including the characteristics and needs of people with multiple and complex needs, the benefits of an intersectoral approach to care and key concepts for the development of effective partnerships. The literature review finishes with a critical overview of realist-informed studies of partnerships with similarities to the current research.

The following chapter covers methodological considerations. This includes ontological and epistemological considerations, critical inquiry approaches and realist-informed research. The chapter covers the appraisal of qualitative research, reflexivity and brief consideration of other approaches. The methods chapter then follows, with an overview presented of sampling, ethics, and the main study (running, recording, and analysing interviews). This chapter also includes the development of the initial programme theory, and how interview questions were derived from this programme theory. The chapter concludes with an overview of activities relating to the advisory group convened to support the study.

The results chapter is split into two main sections (1) a short, introductory section before the main analysis is presented. Presented here is development of ISPs over time. These “phases” in the development of ISPs were identified during the analysis, focusing on the different characteristics of the development of the ISPs. (2) Realist analysis. Results in this section focus on contexts, mechanisms and outcomes, split among five themes identified in the analysis: narrative, momentum, identity, safe and secure space, and power.

The thesis concludes with the discussion chapter, which provides the study findings in the context of the wider literature, along with recommendations for policy, practice and research. The chapter concludes the Incite model. The Incite model is the summary descriptor of the refined programme theory. The model contains the programme theory of context, mechanisms, and outcomes which should be considered in the development of an intersectoral partnerships.

2.1 Personal motivations for the study

I am a senior manager working within the second largest health board in Scotland, with a responsibility for its strategic planning for mental health and well-being. Through my 22 years of experience of working in the NHS I have experienced enormous change. Unfortunately, this change is often directed towards structures and processes rather than informed by and directed towards people who require help and support. I have always been concerned about how people who experience adversity in their lives are treated at both the individual and wider societal levels. Often the people designing the support are far removed from the day-to-day struggles of the people they are aspiring to help, in terms of class, gender, or life experiences. This can be compounded by systems and processes which detract and prohibit the building of relationships which are, I believe, key to working with people with multiple and complex needs.

Ten years into my NHS career, following a series of promotions, I had more autonomy and responsibility to work with other public-sector and voluntary agencies to facilitate involvement in improving outcomes for people. This served as a catalyst, a turning point in my career, as I began to build partnerships with academia, the private sector, the voluntary sector, and independent collective advocacy organisations.

I completed my Master's in health promotion, which greatly informed my approaches to considering public health issues. My motivation in studying for a professional doctorate was to contribute to the knowledge base for different ways of working and responding to people with multiple and complex needs. I decided to focus on intersectoral partnerships, which span public, private, and voluntary sectors, to understand why they worked and what features were necessary to make them work. Although I have a fundamental passion for working directly with service users, and I am a strong advocate for the importance of service user voices, I decided to "research up" and targeted senior colleagues, leaders, and experts in my research. This would, I hoped, enable me to build a transferable "programme theory" for effective intersectoral partnerships, which in turn would positively impact on people who may be marginalised due to their health status and life circumstances.

2.2 Background and aims

In society there are two types of problems: those which occupy the high ground—the domain of theoretical purity and solvable problems—and those in the swamp—"wicked" problems where most of the interesting and important issues reside (Weber and Khademian 2008). "Wicked" problems require adaptation to habits; attitudes and values have to be confronted and perhaps changed. Organisational rules, norms, and procedures need to be questioned and may also need to change (Marmot et al. 2010; Booske et al. 2010; Kuznetsova 2012; Ham and Alderwick 2015). Tackling provision for people with multiple and complex needs is currently one of those "wicked" problems, representing a great challenge to public health (Whitehead 2006; NHS Health Scotland 2015; Lowell and Biddy 2018).

There are complex interrelationships between health and society. Societies with higher levels of income inequality have excessively negative health outcomes (Wilkinson and Pickett 2010). Inequality contributes directly to problems, including poor mental health (Wilkinson and Pickett 2018). Income inequality in Scotland is amongst the worst in Europe, with the top 10% of the population in Scotland having 24% more income in 2014–17 than the bottom 40% combined (Scottish Government 2018). Key health issues include anxiety, depression, and dementia, along with diseases caused by the inability to live in ways that create and sustain health (e.g. through food, exercise, tobacco, alcohol, or drugs) (Scotpho 2017). Distribution of such diseases is strongly influenced by income inequality (Bunt et al. 2010; Marmot 2010; McKendrick et al. 2011a; Wilkinson and Pickett 2011; McKendrick et al. 2001b; Coote 2012; NHS Health Scotland 2013: Lowell and Bibby, 2018). In 2010–11, those in the most deprived areas had twice as many consultations for anxiety, with 62 consultations per 1,000 patients, compared to 28 per 1,000 patients in the least deprived areas (NHS Health Scotland 2013). Suicide rates are three times higher in the most deprived areas; in 2017 there were 680 probable deaths by suicide in Scotland (Scottish Government 2018f). The suicide rate in Scotland was 26.4 per 100,000 in the most deprived areas compared to 7.1 in the least deprived areas (NHS Health Scotland 2013; Scottish Government 2018).

People experiencing inequalities and related health issues are often described as having complex and multiple needs. Complex needs implies both breadth of need (more than one need, with multiple needs interconnected) and depth of need

(profound, severe, serious, or intense needs) (Rankin and Regan 2004). Additionally, the term “complex and multiple needs” is a framework for understanding multiple, interlocking needs that span health and social care needs which are closely related to factors in the wider community such as poverty and social exclusion (Rankin and Regan 2004; Fitzpatrick et al. 2012; Leverentz 2014; Hardwick 2013; Bramley et al. 2015).These individuals are considered to include but not be limited to

- people with severe and enduring mental health problems;
- people who are in contact with the criminal justice system;
- people with substance misuse problems;
- people whose life opportunities are limited due to income; and
- people who have experienced significant trauma.

Improving the lives of people with multiple and complex needs does not constitute a single response or a prescribed service intervention. Instead, the multiplicity and complexity of need should be mirrored in services provided (Anthony 1993; White 2007; Ryan et al. 2012; Hardwick 2013; Neale et al 2014). Significant social determinants of health lie outside the health sector; therefore action within and between sectors (intersectoral action) is required (Mikkonen and Raphael 2010; Shankardass et al. 2012). Intersectoral action recognises the many factors influencing the health of the population (Public Health Agency of Canada 2008; The Health Foundation 2011).

In Scotland, intersectoral partnership working has incre asingly become part of national policy (National Health Scotland 2013; Scottish Government 2016; Scottish Government 2017; Scottish Government 2018; Scottish Government 2018a; Scottish Government 2018b; Scottish Government 2018c; Scottish Government 2018d; Scottish Government 2018e; Scottish Government 2018f) and a means to address a wide range of issues, from health inequality and local regeneration to increasing employability and decreasing demand on hospital beds (Cook 2015; Scottish Government 2018). Recent legislation including the Public Bodies (Joint Working) (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015 set out the aspiration to shift from voluntary to mandatory partnership working. A key response within the Lothians has been the development of a number of intersectoral partnerships (ISPs). This term refers to activity that involves

collaboration among organisations based in three sectors (Waddell and Brown 1997): the state (public sector), the market (private sector), and the third sector (voluntary sector).

Together these three sectors harness human and social capital (Bracht and Tsouros 1990; Roussos and Fawcett 2000) from a wide range of partners and are a useful solution to problems that cannot be tackled by an organisation or sector in isolation (Butterfoss et al. 1996; Lasker et al. 2001; Provan et al. 2005; Thompson and Phillips, 2007; Trickett et al. 2011; Herens et al. 2017). Not only can ISPs reduce duplication of effort and activity (Butterfoss et al. 1996; Lasker et al. 2001; Trickett and Beehler 2013), but of key importance and value, they stimulate innovation and creative solutions (Provan et al. 2005; Rees et al. 2011; Cameron et al. 2014).

Knowing how to develop effective ISPs is a challenge. Pettigrew et al. (2015) identified several reasons why the understanding of interventions for people with multiple and complex needs is challenging. These include:

- multiple components;
- synergies/interactions (between components of an intervention);
- flexibility or tailoring or non-standardisation of implementation;
- complex feedback loops;
- multiple outcomes with effects at different levels; and
- moderating effects of context and environment.

Considering the above, the ISPs developed in Lothian share a number of common features, but there has never been a comprehensive articulation of the underpinning theory or common guiding features for these ISPs. This leads to a situation whereby ongoing development of innovative ISPs is viewed as desirable, but reliable, theoretically driven guidelines on how to develop IPSs are lacking (or do not exist at all). Without further investigation and explication it is not possible to reliably identify key features required to develop ISPs that are likely to lead to improved outcomes for people with complex and multiple needs. This research was designed to take steps to address these issues, and aimed to

- Use a critical enquiry and realist-informed approach to qualitatively explore the ISPs currently deployed in Lothian.

- Develop a “programme theory” for future development of ISPs which will seek to improve outcomes for people with multiple and complex needs.

3 Literature review

The literature review chapter is split into two main sections: the first covers key features identified in the literature regarding people with multiple and complex needs and partnership working, the second part critically examines a body of realist informed research of relevance to the current thesis.

A broad approach to searching for literature was taken. This chapter draws on literature from the social sciences, including sociology, psychology, and political science, and the applied science of medicine and health, with some reference to the humanities, including the arts and philosophy and human geography literature. The literature review search was undertaken using the following databases: CINAHL, MEDLINE, ASSIA, EBSCO, HMIC, OVID EMBase, Psychinfo, Shelcat, Wiley, and Social Care online. Limits were set on English-speaking, peer reviewed journals and texts published between 2007 and 2017. A combination of thesaurus and free text terms were entered into the online bibliographic databases. Truncation and Boolean operators were also used. Electronic searching was supplemented by hand searching of peer reviewed journals, and web searching to identify further grey literature, where necessary. Key authors in the field were identified and a further search was then undertaken under the author names. Several key text books were identified from this search and scrutiny of these revealed further references which were then sought out.

Table 1 Literature search overview

Key search terms	Searching Hits	Considered for inclusion
Social marginalisation Health inequalities Social Justice People with multiple and complex needs Social Connections Realist informed Realist evaluation Partnerships	635	67

Grey literature was a key component of the review particularly in relation to current government policy (Scottish Government; Accounts Commission, NHS Health Scotland) and a number of foundations who are prolific in the social justice and health inequalities field. The foundations included (e.g. The Health Foundation; Lankelly Joseph Rowntree Foundation, and NESTA)

3.1 Who are people with multiple and complex needs?

This section will describe how the target population was defined within the study and the historical negative effects and consequences of exclusion or marginalisation.

A plethora of terms are linked with the concepts of “complex” and “multiple” needs, which are used by various disciplines, sometimes specifically and most often interchangeably, and there is a lack of consensus on the meaning of the terms (Keene et al. 2001). There often has been an assumption that complex and/or multiple needs can be understood without definition and the terms can be used interchangeably. Similar conclusions were reached by Rankin and Regan (2004), who identified that the essence of complex needs was both *breadth*—multiple needs that are interrelated or interconnected—and *depth*—profound, severe, serious, or intense needs. It is this framework for understanding that has been used to define the population in the current thesis:

> *A framework for understanding multiple, interlocking needs that span health and social issues. People with complex needs may have to negotiate a number of different issues in their life, for example learning disability, mental health problems, substance abuse. They may also be living in deprived circumstances and lack access to suitable housing or meaningful daily activity. (Rankin and Regan 2004, p. 1)*

A consistent observation running through the literature is that people with multiple and complex needs are seen to be particularly poorly served by services (Fitzpatrick et al. 2011; Cornes et al. 2014). Complexity of the presentation of issues is a key factor. Optimising the health and well-being of people with complex and multiple needs must include a range of mental and physical health issues. A recent meta-analysis suggested that around 1 in 3 people with serious mental illness have metabolic syndrome and 1 in 10 have type 2 diabetes (Vancampfort et al. 2016). Baseline data from a large and rigorously completed randomized controlled trial

evaluating interventions to improve physical health outcomes in people with mental health problems have shown that cardiovascular risk factors are much more prevalent in people with serious mental illness compared with those without (Vancampfort et al. 2016). Furthermore, there is also good evidence to suggest that antipsychotic treatment is associated with a higher risk of cardiovascular disease, due to increased weight gain and impaired glucose regulation (Mitchell et al. 2010). Additional risks are that people with serious mental illness have a much higher prevalence of smoking compared with the general population. Many people with mental health problems also have substance misuse problems (McCreadie 2002; Cantwell 2003).

There are significant differences in the life expectancy and health of people *across* Scotland, depending on factors such as where they live, their age and gender, and their ethnic group. People living in less affluent areas of Scotland have a shorter life expectancy than those living in wealthier areas. Healthy life expectancy also varies significantly across Scotland (Scottish Government 2018; Scottish Government 2018c). At the population level, there are marked differences between the most and least deprived areas in terms of how long people can expect to live in good health. This can be a difference of up to 28 years for men and 25 years for women (ScotPho 2017). These differences are strongly influenced by the social conditions in Scotland, the circumstances into which people are born, the places where they live, their education, the work they undertake, and the extent to which good social networks exist (Scottish Government 2018; Scottish Government 2018b, Scottish Government 2018d). There are human costs in terms of life expectancy and years lived in poor health; for public services in Scotland, responding effectively to this burden of poor health and inequality will become unsustainable (Scottish Government 2018d; Scottish Government 2018f). Expressing the impact of inequalities in economic terms makes the impact even clearer. The monetized estimate of adverse effects is very significant. For example, for mental health problems at a population level, in terms of morbidity, quality of life, and premature mortality, this equates to £5.6 billion (ScotPHO 2017).

Vulnerable men and women with complex health, psychological, and social problems who move through public and third-sector agencies constitute a disproportionate part of the caseloads of health, social care, or criminal justice professionals (Scottish Government 2018f). People are often labelled as "revolving

door" clients (Keene 2001; Fitzpatrick et al. 2011). Policy movements have promoted more diverse, community-centred systems of provision, and one consequence of this is the multiplication of services and professionals involved in people's lives (Hardwick 2013; Leverentz 2014). Problems arise when individuals with multiple and complex needs require help from a range of services which are designed to deal with one problem at a time (Ajayi et al. 2009; Best et al. 2010; Best and Lubman 2012). Because each service deals with a specific problem in isolation, they often fail, and combined with the potential low motivation of individuals and the stigma attached to accessing services, individuals are excluded or they exclude themselves (Rankin and Regan 2004; Birn 2009; Fell and Hewstone 2015). Services themselves can be blamed for ineffective contact with people with multiple and complex needs; an individual's problems may not be recognised because the individual has a breadth of issues (multiple needs) with no depth (low level), but when considered together they create a bigger problem (Gallimore et al. 2008; Fink 2011; Fonagy and Allison 2014).

The traditional medical model does not address the wider determinants of health particularly well (Gilligan 2001; Friedli 2009; Best et al 2012). A recent study by the Health Foundation found that only 10%–20% of a person's health is being acted upon by formal health and social care services, with the rest being subject to environmental, social, and economic factors (Lowell and Bibby 2018). For example, poor housing conditions can increase the incidence of respiratory problems, whilst poor diet and higher stress levels caused by living in poverty can also contribute to poor physical and mental health problems (Jenkins et al. 2008; Marmot Review Team 2011; NHS Health Scotland 2016; Lowell and Bibby 2018). There is increasing recognition that hierarchical institutions alone (Harris et al 2011; Smith-Merry et al. 2011; Harper and Speed, 2012) can no longer adequately address local and global health challenges (Marmot 2010). Income inequality and poverty, housing and employment conditions, and marginalisation and discrimination based on race, ethnicity, gender, sexuality, and class have enormous impacts on individuals' health and the choices available to them, as well as their care and outcomes (Evans and Killoran 2010; Fitzpatrick et al. 2014; Fell and Hewistone 2015).

Achieving a satisfactory quality of life is more difficult for those who have experienced societal oppression, e.g. because of sexism, homophobia, disability, or

mental illness (Farrall 2005; Matthews et al. 2005; Kalathil 2011; Bromage et al 2017). People often need to overcome or come to terms with these experiences as part of their recovery. People may well make sense of their own experiences in a different way than professionals, e.g. highlighting mental illness as rooted in structural oppression rather than individual biology (Kalathil 2011; Ponce and Rowe 2017). Peer-led support can help, as well as community engagement with services and routes into activism (Leamy et al. 2011; Bradsheet and McBrierty 2012). People with multiple and complex needs will also encounter particular and multiple barriers, and the cumulative effect can add to the problems for which the person was seeking help (Morris and Staggenborg 2004). It will be harder for people in this group to build healthy social networks, find meaningful roles, and achieve well-being and a strong sense of self. Like other people facing exclusion, they may wish to work to change mainstream society even as they move towards it (Maruna 2001; Maruna and Lebel 2002; Schroeder et al. 2007; Terry 2015; Atkinson 2018). Continuous and flexible support which transcends professional boundaries and is not time limited is therefore required (Cornes et al. 2014; Anderson 2015).

The following section considers the evidence for why an intersectoral approach is a potentially appropriate response for this population.

3.2 Why take an intersectoral approach?

This section will describe why an intersectoral approach is an appropriate response for people with multiple and complex needs.

Most objectives related to health cannot be achieved by any single person, organisation, or sector working alone (Dickinson and Glasby 2010; Sinclair 2011; Willis 2012; Petch et al. 2013). For example, policy and implementation guidance in the United Kingdom (UK) recommends integrating the treatment of co-occurring mental health problems and other issues (e.g. substance misuse) with mental health services, ensuring that staff have the appropriate knowledge, skills, and attitudes to respond to multiple issues in people and are supported by specialist services when required. This approach is favoured over the establishment of segregated individual services (Department of Health 2002; NICE 2011; Scottish Government 2017; Scottish Government 2018f).

Communities around the country are facing challenging health problems with complex socio-economic and environmental components, many of which have not responded to top-down or single-solution programmes (Cameron and Lee 2012; New Economics Foundation 2012; Santiago-Delefosse and Del Rio Carral 2015; The Scottish Government 2018). Partnership requires relationships, procedures, and structures that are quite different from the ways many people and organisations have worked in the past (Lasker 2001). Building effective partnerships is time consuming, resource intensive, and very difficult (Willis and Jeffares 2012; Petch et al. 2013). Partnerships also have the potential to be destructive, particularly for weaker partners (Gallimore et al. 2009; Ham and Alderwick 2015). Considering these challenges, it is not surprising that many health partnerships fail to thrive (New Economics Foundation 2012; Best and Lubman 2012). Research suggests that up to half of the health and social care partnerships that form do not survive their first year; of those that do, many falter in the developments of plans or the implementation of interventions (Kreatuer and Lezin 1998; Kreuater et al. 2000; Bunt et al. 2010; Sinclair 2011; Cameron and Lart 2012: Cameron et al. 2014).

Individual partners within a partnership group frequently see only a part of the problem. As a group they can potentially construct a more holistic view—one that enhances the quality of solutions by identifying where multiple issues intersect and by promoting broader analysis of problems and opportunities Hunter and Perkins

2012 Cook 2015; Jagosh et al. 2015; Herens et al. 2017). By working together, through a process that encourages the exploration of differences, people involved in partnerships have the potential to break new ground, challenge accepted wisdom, and discover innovative solutions to problems (Petch et al. 2013; Cameron et al. 2014; Woodhead et al 2017). It is through synthesising and combining the perspectives, resources, and skills of the partners that the group creates something new and valuable together—a whole that is greater than the sum of individual parts (Stevens et al. 2011; Welbourn 2012).

Collaborative thinking has been described as transformative (Greenhalgh et al 2009; Best et al 2010). People and organisations change when they are exposed to partners with different assumptions and methods of working (Johansson, 2004; Rowntree Foundation 2010; Jettern et al. 2012). Actors within collaborative partnerships have the potential not only to think comprehensively but also to act comprehensively, by carrying out interventions that coordinate a variety of reinforcing services, strategies, programmes, sectors, and systems (Erickson and Andres 2011; Trickett et al. 2011; Trickett and Beehler 2013). It is these collaborative, boundary-traversing partnerships that are capable of implementing comprehensive, multi-component interventions that are likely to achieve substantial changes in community programmes, policies, and practices, and thus have a meaningful impact on the delivery of community health services and population health (El Ansari et al. 2001; Gillinson et al. 2010; Trickett et al. 2011).

There is consensus about the challenges to developing innovations (such as ISPs) for people with complex and multiple needs (Dowling et al. 2004; Maruna and Lebel 2009; Marchal et al. 2013). Drawing on seminal theoretical work from sociology (Goffman 1962; Scheff 1963; Becker 1973; Goffman 1973; Durkheim 1974), psychology (Lewin 1943; Maslow 1966; Bowlby 1973) economics (Sen 1992; Nussbaum and Sen 1993; Sen 1999), and social movements (Tilly 1978; Diani 2003) provides an avenue for developing ideas. A synthesis of this literature highlights features that potentially contribute to effective partnership.

Partnerships benefit when there are clarity of roles and clear responsibilities (Greenhalgh et al. 2009; Jagosh et al. 2012; Woodhead et al. 2017; Bet and Williams 2018). This enables professionals to manage challenges around inter-agency or inter-professional working. In Scotland there is a policy landscape which

connects the complex societal issues that requires partnership working to achieve its objectives (Scottish Government 2018, Scottish Government 2018e).

Among the attributes, conditions, or factors identified as contributions to good partnership working are the inclusion of stakeholders, partner selection, mutual trust, honesty and reliability, shared vision, mutual interdependence, open communication, appropriate distribution of power, political influence, appropriate governance structure, chief executive support, and skilled convenors (Wand et al. 2010; Marchal et al. 2013; McCormack et al. 2013)

Poor performance factors include personal agendas and individual egos, politicking, poor managerial relationships, geographical distances, and cultural differences (Dowling et al. 2004; Trickett and Beehlar, 2013).

However, lists of factors are insufficient, as there are complex issues which reside within each of the factors that require further exploration to understand how partnerships for people with multiple and complex needs should be developed, nurtured, and sustained. Within the larger body of change literature it is reported that many larger private-sector companies have abandoned formal approaches to change (Bate et al. 2005), which they claim have achieved little, in favour of an informal communities-of-practice approach based upon natural, voluntary groupings which develop momentum or what Bate and colleagues defined as collective contagion (Bate et al. 2004) or a community of practice (Gabbay et al. 2003) or social movement (Tilly 1978; Passy 2001; Diani 2003).

3.3 Important concepts for the development of effective ISPs

Key features identified in the literature have been grouped under 4 key concepts (see Table 2).

Table 2: Literature synthesis: features, key concepts, and key references

Feature	Key Concepts	Key References
Power	Agency Powerlessness and lack of control Power structures Bounded agency Hidden resilience Constraining structural features	Friere 1973; 1994; 1996 Fox 1993 Foucault 1995; 2000 Gramsci 1995 Rogers and Pilgrim 2003 Coote 2012
Relationships	Social participation Trust Positive social networks Social movements	Bowlby 1979 Dianni 2000; 2003 Tajfel and Turner; 1979; 1986
Spaces	Social capital Trust Receptivity Participation Sense of belonging Social Identity	Lefebvre 1991 Putnam 2000 Bourdieu and Macquant 1992 Bhabha 1996; 1995 Soja 2009
Narrative	Social identity theory Framing	Turner and Oakes, 1986 Goffman 1974; 1981; 1982 Granovetter 1973 Habermas 1973; 1987 Elias 1978; 1987; 1991; 1994

3.3.1 Power

This section will detail why power needs to be considered, understood, and managed within intersectoral partnerships.

Powerlessness and lack of control over one's life are main features experienced by people with multiple and complex needs (Field 2003; Cacioppo and Patrick 2008; Fink 2011). Alternatively, feeling empowered to self-manage or foster well-being leads to greater life satisfaction (Coote and Franklin 2012; Hardwick, 2013). For people who are experiencing adversity and live in impoverished environments, the concept of agency has been defined as socially situated (Farrall et al 2014; Dwyer and Wright 2014) and as a complex relationship among structure, social conditions, institutions, and the actions of individuals (Sapouna et al. 2011; Shildrick and MacDonlad 2013). This focuses attention on how people seek to have voice and control over their circumstances.

Freedom is the capacity to participate in shaping the social limits that define what is possible. Critical questions about power are questions about the differential impact of social limits to human action on people's capacity to participate in directing their lives and shape the conditions of their existence (Hayward 1998). Foucault (1995; 2000) and Haugaard (2002) posed several questions: Who has power, and how is it possible to identify them? Can power be inscribed in structures and be transformed into an impersonal force to control social order and impel individuals to act in specific trajectories? What are the conditions that enhance (or reduce) power? Power is certainly ubiquitous (Foucault 2000; Guzzini 2002), and its manifestations may encompass a vast variety of concrete possibilities, ranging from influence to domination, violence to force, or oppression to coercion. Lukes (2005) articulated three dimensions of power as being visible, hidden, or invisible. These dimensions were further developed as 'power over', 'power to', 'power with' and 'power within'. (Gaventa 1980; Rowlands 1997; VeneKlasen and Miller 2002). 'Power over' has many negative associations for people, such as repression, force, coercion, discrimination, corruption, and abuse. 'Power with' has to do with finding common ground among different interests and building collective strengths which can help build bridges across different interests to transform or reduce social conflict and promote equitable relations. 'Power to' refers to the unique potential of every person to shape his or her life and world; when based on mutual support, it opens up the possibilities of joint action. 'Power within' has to do with a person's sense of self-

worth and self-knowledge; it includes an ability to recognise individual differences while respecting others and affirms the common human search for dignity and fulfilment. These forms of power are referred to as agency—the ability to act and change the world (Diani 2000; Diani and Mcadam 2003).

Navarro (2006) described how the processes of democratisation are creating new spheres of conflicts; citizens are invited to enter into a discourse that promises to improve their lives and social conditions and, moreover, to empower them. Citizens are summoned to struggle for their interests or, in other words, to engage in power relations (Navarro 2006). Bourdieu (1986) described how the social order is progressively inscribed in people's minds through cultural products which include systems of education, language, judgements, values, methods of classification, and activities of everyday life. These all lead to an unconscious acceptance of social differences and hierarchies, to 'a sense of one's place' (Bourdieu 1986, p. 141) and to behaviours of self-exclusion.

Bourdieu (1986) also introduced the idea of 'fields' (which are networks, structures, or sets of relationships in various social and institutional arenas in which people express and reproduce their dispositions to help explain how people often experience power differently depending on which "field" they are in at a given moment or context (Bourdieu 1986; Gaventa 2003; Navarro 2006). Environment was identified as a key influence on 'habitus' (Bourdieu 1987), which was defined as being a state neither as a result of free will nor determined by structures but created by an interplay between the two over time—shaped by past events and structures, and in turn shaping current practices and structures (Bourdieu 1984, p. 170). Arguably, the creation of an intersectoral partnership entails this creation of a new habitus which is not fixed or permanent but can be changed under unexpected situations or over a long historical period (Navarro 2006). In summary, as power is ubiquitous there needs to be awareness and understanding of how different settings and relationships offer opportunities to reshape, redefine, and change power dynamics, interplay, and relationships.

3.3.2 Building and strengthening relationships

This section focuses on how partnerships can define and refine relationships, create and sustain relationships, and challenge and nurture relationships.

Relationships are mediators of stress and service as a buffer from hardship (Hernadez et al. 2018). Relationships support a cohesive community (Holt-Lunstaard et al. 2015; Ham and Alderwick 2015). Relational systems of friendship, kinship, and formal and informal associations build a sense of belonging (McAdams 2001; Joseph Rowntree Foundation 2010; Kalathil 2011; Mental Health Foundation 2016), and a sense of belonging leads to a society with a shared sense of morality and common purpose, social control, social order, and social interactions (Cohen 2004; Whitehead and Dahlgren 2006; Jetten et al. 2012; Cruwys et al. 2013; Hassan 2014; Holt-Lunstard et al. 2105). Developing healthy relationships with others and developing positive social networks fosters self-esteem (Jetten et al. 2012; Happer and Speed 2012; Haslam et al. 2012; Hardwick 2013; McNeil 2015) and improves well-being (Cruwys et al. 2014; Mental Health Foundation 2016).

Relationships are a core component of intersectoral partnerships, and these relationships may change within the lifetime of the partnership or as the narrative of the partnership evolves. Within partnerships, relationships may change or grow, promoting greater collective identity and agency, which in turn increases desire for change. Relationships have been identified as a prerequisite for successful collaboration (Lasker and Weiss 2003; Trickett and Beehler 2013; Holt-Lunstard et al. 2015; Hernadez et al. 2018). However, building relationships is one of the most daunting and time-consuming challenges that partnerships face (Boydell and Rugkas 2007: Erickson and Andrews 2011; Herens et al. 2017). To work closely together, the people and organisations involved in a partnership need to be confident that other partners will follow through on their responsibilities and obligations and will not take advantage of others within the partnership. This links to the importance of respect among partners, which is also critical (Greenhalgh et al. 2011; Herens et al. 2017).

McAdam (1986) indicated how much easier it is to get sustained commitment once people have entered into an active movement and begun to forge social relationships and a shared identity with each other. Once people are involved and building relationships with one another they will be more likely to remain there by virtue of contact, interaction, socialisation, shared understandings, belongingness, and community (Bate et al. 2004). This implies that sustainability is more a social and cultural matter than it is an institutional matter, although recognising the latter may also be important. People are held in by the ‘pull’ of commonly held aspirations

and beliefs and the social ties they are able to forge with one another (McAdam 1986). People stay within the relationship because they want and to some extent need to do so, because personal identity becomes inextricably bound up with group identity (Bate et al. 2004; van Stekelenburg and Klandersman 2013). Personality, personal biography, and experience will all be mediated through the 'lens' of the partnership (Markus and Wurf 1987). Social networks and relationships play a key role in recruiting, mobilising, and retaining participants and partnerships (Passy 2001; Repper and Perkins 2003; Snow et al. 2004; Thompson and Phillips 2007; Tracy et al. 2010). Alliances and networks lie at the heart of mobilisation concerning social change, and these networks of everyday life harbour a multitude of resources which can be tapped into (Nussbaum and Sen 1993; Smith-Merry et al. 2011). Networks often cross formal organisational, professional, and social boundaries (Putnam 2002; Zald et al. 2002; Cruwys et al. 2014) and provide the bonds of solidarity out of which partnerships can grow. With networks and communities come leaders, places of association, communicative channels, and means (Castells 1996; Chandoke 2003; Cornwall et al. 2003; Clemens and Minkoff 2004; Curtis 2010; Rees et al. 2011), which all provide pre-existing lines of communication, not to mention places of assembly and basic organisational and administrative resources. As Campbell (2002) and others (Davis and McAdam 2000; Milligan and Conradson 2006; Milbourne 2009; NHS Education Scotland 2016) have pointed out, organisation theorists also understand that networks provide the foundation for all sorts of organisational innovation and activity (Diani 2004; New Economics Foundation 2012).

Palmer (1997) described a community of practice (CoP) as a group of people who may not normally work together but who are acting and learning together in order collectively to achieve a common task whilst acquiring and negotiating appropriate knowledge. CoPs offer mutual support and a place where individual identity (and personal stories) is forged into collective identity (collective narrative), where 'my' belief and 'my' struggle becomes 'our' belief and 'our' struggle (Gabbay et al. 2003; Thompson and Phillips 2007). The redefinition from an 'I' into a 'we' as a locus of self-definition can enable people to think, feel, and act as members of their group, which in turn can transform individual into collective behaviour (Turner and Reynolds 2012). Van Stekelenburg and Klandermans (2013) referred to the term 'consciousness mobilisation' as a transformative process in which group members develop a collective identity that articulates their shared interests and goals. Such

collective identity serves as an alternative basis for mobilisation because it can create individual commitment and feelings of solidarity (Rowley and Moldoveanu 2003). Fireman and Gamson (1979) argued that the feeling of solidarity, which emerges among individuals through group affiliation, acts as a powerful catalyst for action. Despite the lack of material benefits (Fireman and Gamson 1979; Zahavi 2007; Worrall and Gelsthorpe 2009), individuals may still participate in group action, because they have become linked together in a number of ways that generate a sense of common identity, shared fate, and general commitment to defend the group (Fireman and Gamson 1979; Zaid et al. 2002; Fielding 2004; Woolf 2009; Slay and Robinson 2011).

Social movement theory also presents the concepts of 'free spaces' (Polletta 1999) and 'opportunity structures'—neutral, meaning-free areas where people can begin to engage, free of previous baggage. These areas offer a place of escape, a place that gives cognitive liberation for all those who enter, and therefore the opportunity to experience and feel something different. Hirsch (2003) similarly suggested that consciousness raising is facilitated in non-hierarchical, loosely structured, face-to-face settings isolated from the people in power, where people can speak freely about their hopes and concerns; in such 'havens' people can more easily express their concerns, become aware of common problems, and begin to question the legitimacy of institutions that deny them the means for resolving those problems. To mobilise movements out of these early interactions, leaders offer frames, tactics, and organisational vehicles that allow participants to construct a collective identity and participate in collective action at various levels (Bate 2004; Hirsch 2003). It is through the collective narratives and scripts, then, that leaders weave and make meaning for others (Morgan and Smircick 1980; Snow et al. 2004; Schensul and Trickett 2009).

3.3.3 Space

This section will explore why the concept of space (both created and existing) and the interplay of participation and power are important to partnerships.

Institutions such as the NHS are spaces of power, in which forms of overt or tacit domination silence certain actors or keep them from entering at all (Gaventa 2005). Bourdieu (1987) wrote of how simply creating spaces does little to rid them of the dispositions participants may bring into them; e.g. professionals valued for their

expertise in one context may be unwilling to countenance the validity or value of alternative knowledge and practices in another; and citizens who have been on the receiving end of paternalism or prejudice in everyday encounters with institutions may bring these expectations with them (Cornwall and Coelho 2006; Curtis 2010). This links to the creation of the new habitus, (Habermas 2004) the partnership space, where courses of participation are not singular, coherent sets of ideas or prescriptions but configurations of strategies and practices that are played out on constantly shifting ground (Foucault 1991).

For people with multiple and complex needs who may be subject to discrimination and exclusion from mainstream society, the experience of entering a "participatory" space can be extremely intimidating. How they talk and what they talk about may be perceived by professionals as incoherent or irrelevant; their participation may be viewed by the powerful as chaotic, disruptive, and unproductive (Young 2001; Rowe and Davidson 2017). Norms of engagement and participation are culturally specific and often operate as forms of power that silence or devalue the speech of some people (Young 2001), referred to by what Chandoke termed 'linguistic and epistemic authority' (Chandoke 2003, p. 186) of less powerful actors or "subaltern". The term "subaltern" was used by Gramsci (1995) to describe a person or people without agency by social status who are at the margins of a society: people with multiple and complex needs. Bhabha (1996) emphasised the importance of social power relations in defining subaltern social groups as oppressed. The creation of different spaces can break down boundaries and offer opportunities to redefine social status and relations for such disempowered groups (Davidson et al 2012; Herens et al. 2017).

Communities (either geographical or of interest) with high levels of social capital are indicated by norms of trust, reciprocity, and participation (Bourdieu 1988; Putnam 1993a; Hancock et al. 2012) and have advantages for mental health (Laub and Sampson 2001; Morgan and Ziglio 2007; Marumna and Lebel 2009). Social identity theory (Turner and Oakes 1986) proposes that, in a range of social contexts, people's sense of self is derived from their membership in social groups, with resulting social identities serving to structure perception and behaviour (Tajfel and Tuner 1979; Haslam et al. 2012; Best and Lubman 2012; Cacati-Stone et al. 2014). Social inclusion suggests a process of continual adaptation and adjustment within and between individuals, family, community, institution, and country.

The concept of liminal space was originated by Arnold van Gennep and denoted a time and a space. This was developed further to mean rituals of transition of passage between one social status and another (Van Gennep et al. 1960) and a condition where the usual practice and order can be suspended and replaced by new rites and rituals to describe how the practices and experiences of liminality may provoke transformations (Turner 1986). This was further developed by Horvarth et al. (2009)), who described the concept of liminal space. In this sense it applies well to the space between the formal institutional world of the NHS characterised by roles, qualifications, processes, pathways, and systems and the informal "life world" of citizens characterised by relationships, stories, human interaction, and emergence. This spatial and relational dimension allows for consideration of how certain actors or kinds of knowledge may be legitimised, or not, in certain kinds of spaces (Lefebvre, 199; McGregor 2008; Soja 2009). Hidden and invisible power in the created space becomes a form of resistance which may be actively mobilised, whether consciously or unconsciously, to challenge or transform prevailing power relations.

The participation of marginalised communities in spaces is far from straightforward; it depends on who enters these spaces, on whose terms and with what 'epistemic authority' (Chandoke 2003). Spaces for participation are not neutral, but shaped by power relations, which both surround and enter them (Cornwall 2002; McGregor 2008; Curtis 2010). Expanding democratic engagement calls for more than invitations to participate (Cornwall and Schatten Coelho 2004); for people to be able to exercise their political agency, they need first to recognize themselves as citizens rather than see themselves as beneficiaries or clients. Acquiring the means to participate equally demands processes of popular education and mobilisation that can enhance the skills and confidence of marginalised and excluded groups, enabling them to enter and engage in participatory arenas (Fraser 2003; Goldie 2007; Friedli, 2013). Mouffe (2002) described the importance of acknowledging a plurality of discursive styles, rather than trying to manage voices into 'acceptable' versions. Fraser (2003, p. 124) argued that marginalised groups may find greater opportunities for exercising voice through creating their own spaces, which she termed 'subaltern counterpublics'. She suggested that these spaces have 'a dual character which function as spaces of withdrawal and regroupment; on the other hand, they also function as bases and training groups for agitational activities directed toward wider publics. (Fraser 2003, p. 138)

Cornwall and Coehlo (2006) described ‘democratic spaces’ in which citizens can engage to claim citizenship. These are spaces which are claimed by less powerful actors from or against the power holders, or created more autonomously by them. Cornwall referred to these spaces as ‘organic’ spaces which emerge ‘out of sets of common concerns or identifications’ and ‘may come into being as a result of popular mobilisation, such as around identity or issue based concerns, or may consist of spaces in which like-minded people join together in common pursuits’ (Cornwall 2002, p. 6). These spaces have been described as ‘third spaces’ where social actors reject hegemonic space and create spaces for themselves (Soja 2009).

The concept of space—who creates it, how it is used, and how it can be a place for transformational action—is a key aspect to consider in relation to intersectoral partnerships which are focused on improving outcomes for marginalised people.

3.3.4 Narratives

This section will detail why the development of shared narrative is central to partnership development and sustainability.

Concentration and dedication (Passy 2001; Milbourne 2009) are necessary to achieve success, especially during times of radical change (which may often involve major uncertainty). During such periods, a clear narrative, or vision, is important in maintaining a partnership. People will more likely be animated and move to act or respond if the vision or narrative has ‘cultural resonance’—if it ‘rings bells’ with people’s beliefs, values, ethics, and commitments (Morris 2000; Morris and Staggenborg 2004). Wide acceptance of the proposed vision accelerates the mobilisation for change process (Bevan 2004; Greenhalgh et al 2009; Trickett et al 2011). A number of NHS organisations have started to focus their improvement strategies around a ‘theoretical idea’ (Bevan 2004), which means moving beyond the limits of the performance targets set out in the NHS plan and aspiring to new standards and practices.

Within any large organisation such as the NHS there needs to be attention paid to the multiple professional groups which can often function as ‘closed shops’ with their own internal logic, hierarchies, and divisions, and whose members often seek to self-organise (Kindt and Muller 2003; Johansson 2004; Norris et al. 2008; Witbrodt et al. 2015). Understanding social influence theory (Kelman 1958) (that people are influenced by others with whom they share their social and professional

background) can increase our understanding of how sets of values and beliefs cause people to behave in certain ways. This can then be magnified when different sectors are brought together. Conversely, by bringing people into the intersection (Johansson 2004), where informal norms are more informal and flexible and thus include enough scope for people to act differently, people can more readily embrace new behaviours that will contribute to shifts in the underlying culture (Institute for Healthcare Improvement 2005) and create a unique culture within the intersectoral space. That distinct culture contains the narrative, and the narrative defines the culture. Bruner (1990) in his work on narratology was concerned with questions of agency, intent, and structural awareness in personal and sociocultural contexts. The field of narratotology (Kindt and Muller 2003; Norris et al. 2005; Kincheloe et al. 2011) also seeks to identify and examine the means by which humans construct meaning for themselves and the events and experiences of the world around them.

A key idea of how to shape narratives is framing (Goffman 1974, 1981). The term ‘frame’ (and framework) is borrowed from Goffman to denote a way of understanding that enables individuals to locate, perceive, identify, and label occurrences within their life space and the world at large (Goffmann 1974). Framing is a behaviour by which people make sense of daily life, and it involves the creation and manipulation of shared understandings and interpretations of the world, its problems, and viable courses of action. It can affect how actors—conscious, thinking individuals who have the capacity to shape their world in a variety of ways by reflecting on their situation and the choices available to them at any given time—perceive their interests, identities, and possibilities for change and ultimately how and in what way they act (Snow 2004; Tracy et al. 2010; Weber, and Khademian 2008; Rajan-Rankin 2014). At a group or community level, framing processes are ‘the collective processes of interpretation, attribution and social construction that mediate between opportunity and action’ (McAdam and Scott 2002, p. 63). Snow et al. (1986) emphasised the importance of framing processes in mobilisation efforts with regard to changing frames, logics, alignments, and structures. By rendering events or occurrences meaningful, frames function to organise experience and guide action, whether individual or collective, and frame alignment is thus a necessary condition for partnership participation, whatever its nature or intensity (Snow et al. 1986; Snow et al. 2004).

By strategically framing partnerships in accordance with values and people's theories, greater participation which can lead to transformation can be achieved (Zahavi 2007; Erikksson and Englander 2017). Transformation involves the re-imagining of oneself, one's capacities, and one's interrelationships with others, a process of 'changing our stories' (Wertsch 2001; Pickett and Dorling 2010) which draws on conceptualisations of identity which are at least in part autobiographical and narrative (Beresford 2007; Zahavi 2007: Bedos and Levesque 2008). That narrative needs to be compelling, to engage and arouse ideas with emotion, and to tell a compelling story, as stories are how we remember (Lambert 2013).

In summary, developing a compelling narrative has the potential to transform, and transformational processes enable a strong narrative to be built which can transverse historical and hierarchical relationship.

3.3.5 Review of realist-informed studies

This section will discuss realist-informed research on partnerships, highlighting the gaps and issues generated by this body of work.

Realist methodology (discussed further in the methodological considerations section and briefly overviewed here) is particularly amenable to tackling problems which have complex interrelationships. Realist-focused research tries to answer how, under what circumstances, and among what people activities (e.g. interventions/assessments) lead to changed conditions which affect outcomes of interest (Pawson and Tilly 1997; Marchal et al. 2012; Wong et al. 2012). Realist research is about refining and developing theory which can be used in practice. Realist projects are often organised around context–mechanism–outcome (CMO) configurations.

C Context is defined as factors that modify (impede/facilitate) mechanisms.

M Mechanisms are underlying entities, processes, or structures which generate outcomes, i.e. causal mechanisms or the hypothesis about why change happens. The characteristics of mechanisms are that they are usually hidden, they are sensitive to variations in contexts, and they generate outcomes.

O Outcomes are defined as changes in service users or other groups of interest (examples include effectiveness, partnership success, health of clients, quality of life, participation in life situations).

The logic underpinning realist research is that grand, deterministic theories cannot always explain or predict outcomes in every context, so middle-range theories are produced instead. The term “middle-range” theory refers to the level of abstraction at which theory for realist work is written: detailed and “close enough to the data” that testable hypotheses can be derived from it, but abstracted enough to apply to other situations as well (Wong et al. 2013). The outcomes of realist research are ideally framed as middle-range theory; that is, theory that can usefully be applied across a range of situations, or in a number of domains, but still remains connected to the originating data. Realist middle-range theory is often characterised as “programme theory”, i.e. a theory of how a programme, set of activities, or project achieves its outcomes—described in terms of context, mechanism, and outcome. The fundamental premise is that in certain contexts interventions are more or less likely to achieve their intended goals, and therefore particular contexts have influence such that recurring patterns emerge, i.e. demi-regularities. Realist research provides an approach to uncover the underlying theories that explain these demi-regularities by examining the interactions among contexts, mechanisms, and outcomes.

In the following sections a number of realist-informed investigations of partnerships and projects focused on people with multiple and complex needs are critically evaluated. Each will be discussed in turn, before moving to a conclusion and overall synthesis of the literature review.

A study of community-based participatory research (CBPR) by Jagosh and colleagues (Jagosh et al. 2015) used realist methodology to increase the understanding of what supports partnership synergy in successful long-term CBPR partnerships and to document the effects of equitable partnerships, including sustainability of relationships, research, and solutions to problems. The authors built on a previous realist review of CBPR (Macaulay et al. 2011) and interviewed 24 participants (community members and researchers) from 11 partnerships. They used realist logic (context–mechanism–outcome) and the concept of the “ripple effect” to organise their analysis. The ripple effect is premised on the idea that “CBPR activity is a series of events in the history of a system leading to the

evolution of new structures of interaction and shared meanings" (Hawe et al. 2009, p. 267). The results showed that the ripple effect in conjunction with a mechanism called "sense of trust" led to partnership sustainability. This mechanism was a process resulting in improved outcomes, including sustaining collaborative efforts, generating spin-off projects, and achieving systemic transformation. The authors drew on the theory of partnership synergy (Marant et al. 2012; Cacati-Stone et al. 2014) by showing how CMO configurations were linked to each other—with the outcome of one phase of a project becoming an aspect of context for the next phase. Sense of trust was at times configured as an aspect of context (as a precondition) or as a mechanism (how stakeholders responded to partnership activities) and also an outcome—the result of partnership activities in dynamically changing partnerships.

The study concluded that successful CBPR projects depended on trust and power sharing. However, power sharing was not discussed as distinct from trust. The partnerships were defined by the authors as equitable, which would infer a balance of power. This concept of equitable partnerships was not defined, debated, or contested by the authors but stated as a fact. This is problematic, as other research (Foucault 2000; Guzzini 2002; Haugaard 2002) has demonstrated the highly contested nature of power. Additionally, the authors acknowledged that participants were acquired through snowball sampling, with the author contacting academic authors of published CBPR studies to recommend community partners for interviewing. This, along with fewer community members interviewed compared with academics, may have created bias in the sample and analysis.

Similar findings to Jagosh et al. (2015) were evident in a recent study which identified combinations of contextual factors and mechanisms that triggered outcomes in a Dutch project—Community Based Health Enhancing Physical Activity (CBHEPA)—targeting socially vulnerable groups (Herens et al. 2017). The authors focused on six programmes. Fourteen participants were interviewed, followed by focus groups for each programme which used narrative timelines to garner mutual understanding of what had happened during the 12–18-month longevity of each programme. The findings from the interviews and the focus group were then analysed using realist synthesis to redefine the programme theory. The refinement of the programme theory was informed by findings that actors' passion and commitment to socially vulnerable target groups or their past experiences with

physical activity programmes triggered involvement in the partnerships. This had not been included in the study's initial programme theory. This attention to how context was shaped by actors' involvement reflected how social actors intersected with sociopolitical structures to dynamically co-create or reframe contextual influences (Herens et al. 2017). An element of the methodology used in the study was a narrative timeline technique (Astbury et al. 2010; Herens et al. 2017) which reports contextual and historical perspectives over time and was viewed by the study authors as contributing to achieving a fuller understanding of developments over time. The study identified that intersectoral collaboration was a mechanism to reach socially vulnerable groups. Of particular interest, Herens et al. described intersectoral collaboration as a strategy to 'find and bind' participants (Herens et al. 2017, p. 312). This key finding of the study demonstrated an outcome of trust which retained people within the partnerships and served to attract others into the partnership. Intersectoral collaboration was also identified as a time-related outcome. Intersectoral collaboration was needed to get things started, but it was perceived over time as a prominent outcome of a collective effort. Similar to the findings of Jagosh et al. (2015), the building and maintaining of trust was identified as a mechanism to increase output and align projects. This correlated with the spin-off projects or the ripple effect mentioned above (Trickett and Beehler 2013; Jagosh et al. 2015; Herens et al. 2017). In line with other studies, this study also grappled with the shifting nature of mechanisms and context, with mechanisms "mutating" over time to became contextual factors (Herens et al. 2017, p. 324).

Boydell and Rugkasa (2007), through two case studies of "health action zones" in Northern Ireland, produced a realist-informed conceptual model which described the benefits of working in partnership and suggested that partnerships were valuable assets in enabling organisations to take action to reduce inequalities in health. Boydell and Rugkasa's model details the interrelation between "purpose" and context, and how implementation determined effectiveness. Ten partners were selected from different sectors, and each were interviewed twice. Interviews were followed up, which enabled the participants to have an opportunity to discuss findings emerging from analysis and provided a space for further discussion to inform the development of the realist-informed conceptual model. Throughout, the authors explored how partnerships were viewed as mechanisms introduced to produce benefits that may lead to improved health outcomes. The term "benefits" was used to avoid the distinction between process and outcome, as the researchers

discovered that their findings accorded with other studies (Astanha et al. 2002; Jagosh et al. 2005; Herens et al. 2007) which identified that trust can be both a process and an outcome of successful partnerships.

The authors recognised that there was little distinction in the literature between strategic partnerships and operational partnerships. The authors were clear, however, that they were exploring strategic partnerships which had previously been defined as multi-issue collaborations with an agenda-setting capacity (Lasker and Weiss 2003). From the data the authors constructed a four-stage model for partnership development with stages defined as connections, learning, action, and impact. Their model was intended as a way to conceptualise the benefits that may accrue through the stages of the partnership, including intangible benefits that can spin off at each stage and which may not be *perceived* as related to the partnership (Boydell and Rugkasa 2007). Due to the difficulties in measuring outcomes of partnerships, the authors suggested that rather than focusing on constraints it may be more productive to focus on the ways in which partnerships create the conditions that make change possible. The authors concluded that empowerment, bridging social ties, and creative solutions to intractable problems were key features of strategic partnerships which made change possible.

Of particular note from the findings of this study were the intangible benefits of partnership working which often lack visibility. However, the main problem with Boydell and Rugkasa's study was that benefits were described solely in terms of the benefit to the participating agencies and organisations which were necessary to create the conditions for change for partners, rather than exploring whether the benefit of strategic partnership itself was the condition for change. Additionally, the authors defined the partnership itself as a mechanism rather than exploring what mechanisms were operating at a more granular level. Although external constraints and internal constraints were included in Boydell and Rugkasa's model, there was no analysis of how these constraints were defined and described by the participants. This would have been of particular interest due to the location (Northern Ireland) and the wider historical and political context in which the study was undertaken.

Cheyne et al. (2013) completed a realist evaluation of a Scottish government programme to support "natural" birth. Their analysis of the Keeping Childbirth Natural and Dynamic (KCND) programme highlighted a number of salient issues. Primarily, it illuminated the role of three key change mechanisms: (1) appointment of

consultant midwives as programme champions, (2) multidisciplinary care pathways and midwife-led care, and (3) the role of “commitment” as a mechanism. The analysis conducted by the authors also indicated that the process of change needed to be adapted to local contexts. Cheyne et al. concluded that responses to the implementation of the KCND varied for a number of reasons. Firstly, combining the “commitment” mechanism with local programme champions tailored to the context provided considerable power for change. This was particularly important in settings where an unequal balance of power and authority existed between midwives and obstetricians. The authors’ findings on power and authority demonstrated that the combining of high-level or top-down approaches with practical, grass-roots, local solutions were key to effect change in these complex health care systems. Secondly, the KCND programme challenged traditional role boundaries which translated into a shift to midwives being the lead in the care pathway, which led to obstetricians and GPs feeling alienated. Describing this set of reactions demonstrated that multi-professional engagement at the top level was not a guarantee of involvement at clinical levels.

The realist approach taken in the study by Cheyne et al. showed that the propositions and assumptions that inform programmes of change need to be made explicit rather than tacit. The authors concluded that this approach at the development stage of health-care programmes would offer considerable potential to influence outcomes. Although this study focused on a single agency, the participants were drawn from different staff groups, which enabled the exploration of hierarchical tensions and power imbalances, providing valuable insight into how these tensions and power imbalances could be magnified and exacerbated in intersectoral partnerships. However, the study was limited to a single agency and did not describe why the voices of pregnant women and families were excluded.

Evans and Killoran (2010) reported on the evaluation of a two-year Health Education Authority Integrated Purchasing Programme of five demonstration projects which were designed to test five different models for partnership working on tackling health inequalities. The evaluation initially drew on the concepts of receptive and non-receptive contexts for change, described as ‘receptive contexts’, which led to increased levels of performance and innovation/change, or ‘non-receptive contexts’, which led to decline in performance and stagnation. Data were collected over a two-year period through qualitative methods, which included semi-structured interviews

with key stakeholders and the collection and analysis of grey literature including project briefs and minutes. The study did not detail the number of people interviewed. Six key themes emerged from the analysis: shared strategic vision, leadership and management, relations and local ownership, accountability, organisational readiness, and responsiveness to a changing environment. The authors' use of a realist conceptual framework involved developing CMO hypotheses around identified themes, providing a framework for looking in greater detail at enabling factors and obstacles to progress for the partnerships. The framework was then applied to compare and contrast two of the projects.

The authors' main conclusions focused on the difficult reality of securing integrated action on the ground and that 'Health Authorities faced profound challenge in engaging local partners in a process of strategic change built around working with communities' (Evans and Killoran 2010, p. 137). The authors concluded that projects with a strong sense of purpose, focused on community needs, and which were able to operate effectively at the micro level and connect strategically were more likely to make progress. Of particular note was that this study was evaluating programmes launched over 20 years ago in a very different political and policy context, one in which the body of research on the determinates and extent of health inequalities was just being accepted by policymakers. However, as Evans and Killoran documented, there was a lack of evidence or operational guidance for the development of effective local partnerships in tacking health inequalities alongside organisational and cultural barriers to partnership working. Although originally undertaken in the late 1990s, this study's context was similar to much of the current policy landscape, which is advocating for intersectoral partnerships to improve outcomes for people with multiple and complex needs (Audit Scotland 2018; Scottish Government 2018). Despite legislative changes through the Health and Social Public Bodies (Joint Working) (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015, and growing research on how more equal societies create health gains for all (Wilkinson and Pickett 2018), there is still a focus on service changes which could be defined as incremental, involving additions or modification of services, rather than radical transformation.

Moving away from research on strategic partnerships, a realist-informed study by Woodhead and colleagues (2017) focused on describing the underlying context which was giving rise to increased GP practice pressures and to which co-located

advice services might be able to influence patients and staff referral behaviour. The study's aim was to develop a programme theory for how the provision of co-located advice services might influence issues in relation to specific practice outcomes. Twenty-four semi-structured interviews with general practice staff, advice staff, and service funders in two UK urban localities were conducted between January and July 2016. This study used the revised formula developed by Porter (2015) of Contextual Mechanisms and Programme Mechanisms and Agency = Outcome. The inclusion of "agency" enabled the authors to explore individual responses to programme mechanisms in addition to "contextual" mechanisms. The contextual mechanisms, which acted as barriers, included time constraints, large practice/number of staff, high staff turnover, physical separation of services, practice staff's view of social issues as extraneous to the medical role, and complex and interrelated patient/social/health issues. Contextual mechanisms which acted as enablers included socially aware GPs, acceptance of a biopsychosocial model of health, and appointment gatekeeping. This was an interesting analysis, which highlighted how "agency" factors acted as barriers or enablers to programme mechanisms. Agency mechanisms included service reminders and feedback, proactive engagement by practice managers and funders, feedback and service reminders, staff education and training in support offered by advisors, and patient communication clarifying the support available from GPs versus advisors.

Woodhead and colleagues concluded that co-location alone is unlikely to promote the programme mechanism linking advice services to practice outcomes. The insufficiency of co-location was a key finding and supported why the addition of "agency" of clinicians, practice staff, and patients was an important dimension. However, this study has limited transferability to other geographical areas or service change initiatives due to both the specificity of the programme and the defined locale. There was robust analysis and exploration of what strategies could be deployed to influence and change agency, which in turn would enable greater uptake of the initiative. This study also evaluated the implementation of an operational service delivered by a partner agency to reduce demand on GPs rather than the solution constructed in partnership to reduce demand on GPs. The evaluation did not include patients, and no explanation or rationale was given as to why.

3.4 Summary of the literature review

In summary, the body of literature reviewed indicates interest in partnership approaches in responding to different populations' needs. There is recognition that health inequalities are created, maintained, and escalated through a complex interaction of factors occurring at multiple levels. Increasingly, there is a recognition that health interventions "as usual" have been insufficient. The literature has seen a paradigm shift from singular service response to conceptualising multi-level interventions using ecological frameworks. This systemic perspective argues that individual behaviour is interdependent with multiple levels of context. There is explicit recognition that partnerships change over time, therefore research methodologies which are response to dynamic systems are required.

The use of realist methodology to establish what works for whom and in what set of circumstances has been shown to be helpful in distinguishing context and mechanisms, whilst acknowledging that these could be interchangeable or change over the lifetime of partnerships. The majority of the reviewed studies highlighted elements of trust as an important mechanism for partnership outcomes, and all studies detailed the complexity of partnership working. There was little distinction made in the literature between strategic partnerships and what Lasker and Weiss (2003, p. 34) refer to as 'multi-issue collaborations with an agenda-setting capacity', and operational partnerships, which have a more focused remit to deliver projects to address specific problems. Frameworks developed thus far do not appear to identify the key mechanisms that enable partnerships to accomplish more than can be done by individuals and organisations on their own (Hunter and Perkins 2012; Scottish Government 2018). Partnerships were shown to often be hampered by predetermined agendas which were not constructed by members. (Greenhalgh et al. 2011; Jagosh et al. 2012)

The current literature does not explain what happens in a successful collaborative process in creating novel solutions that give partnerships an advantage over single agencies in planning and carrying out interventions that improve services and health for people with multiple and complex needs. Some studies have examined only a single sector, although they still provided helpful insights. Overall, it is clear that collaborations which are broader in scope are more challenging to set up and

evaluate because of the range of projects and programmes they run. These are the sorts of projects considered in the current thesis.

In summary, there is a need to explore how intersectoral partnerships may improve outcomes for people with multiple and complex needs. This necessitates exploring contexts, mechanisms, and outcomes within which intersectoral partnerships work in this area and attempting to develop theory which may provide a blueprint for future ISPs.

The research aim of the current thesis was therefore to investigate Lothian's ISPs and develop a "programme theory" of what works for whom and in what set of circumstances. This research used a critical enquiry and realist-informed approach to qualitatively explore ISPs currently deployed in Lothian. The methodological considerations underpinning these decisions, and the methods used, are described in the following chapters.

4 Methodological considerations

This chapter will discuss the research and how it has been applied in this thesis. It will cover the research approach, theoretical framework, justification and critical analysis for decisions taken during the steps of the research process, and reflexivity. After reviewing the literature available and identifying areas where further research was required, the research was developed as follows:

Aims

- This research aimed to use critical inquiry and a realist-informed approach to qualitatively explore ISPs currently deployed in Lothian.
- This research aimed to develop a programme theory for future development of ISPs; seeking to improve outcomes for people with multiple and complex needs.

To describe the study approach, an overview is presented, with an in-depth critical consideration made of the approach and decisions made presented in subsequent sections. The research was a realist- and critical theory-informed qualitative inquiry. Eighteen interviews were conducted between December 2017 and February 2018 covering six different ISPs. The details of how the interviews were conducted and analysed will follow in the methods chapter, but first the methodological underpinning of the study is presented. Selecting the nature of inquiry and the philosophy underpinning research is important. Therefore, the researcher explored different types of knowledge and philosophies at an early stage of the study. Key ontological and epistemological considerations are also presented.

4.1 Ontological and epistemological considerations

There are many positions regarding knowledge claims and approaches to generating knowledge in research. This study has taken a qualitative approach to data collection and analysis. The study explore participants' perspectives of ISPs, to hear their experiences, and explore their opinions. Qualitative research seeks depth over breadth and attempts to uncover nuances as opposed to aggregated numerical evidence (Seale 1999). QR deploys philosophical beliefs and assumptions foundational for research practices, embodying different ideas about reality (ontology) and how to gain knowledge of it (epistemology), which should be addressed by investigators before, during, and after any investigation.

Epistemology can be understood as the study of how to know the world, and the relationship between the researcher and the things he/she discovers (Seale 1999) and how we make knowledge (Denzin and Lincoln 2007). It is the science of analysing the way human beings grasp knowledge about what is (Burrell and Morgan 1979; Niehaves et al. 2004) and providing a philosophical basis for the nature of knowledge, how we generate knowledge, and the status of different types of knowledge claims (Schwandt 2003). Ontology is the investigation of 'what is' and 'how it is') and the nature of social reality (Ramsey and Grubb 2009). Ontology deals with the question of the way reality exists beyond the realms of pure imagination (Tansley et al. 2003; Weber 2003).

Philosophical positions, rather than being unified sets of premises that strongly shape the practices of particular communities of scholars, function instead as heuristics to open up new topics and to find new things (Seale 1999; Abbott 2001, 2004; Wimsatt 2007). Relevant here is the term "bricolage", which was taken from the work of the French anthropologist Claude Levi-Strauss (1968). In the current study qualitative and realist methods were applied. Levi-Strauss described such an approach in terms of "bricoleur" or someone who uses whatever tools and materials are at hand to complete a project. The bricoleur adapts to the situation, creatively employing tools to come up with unique solutions to a problem. This concept was applied to qualitative research methods by Denzin and Lincoln (2008) and developed more extensively by Kincheloe and Berry (2004) and Kincheloe et al. (2011). A focus on bricolage combines two common-sense perspectives that have often been seen as logically incompatible. The first of these perspectives is

ontological realism: the belief that there is a real world that exists independently of our perceptions and theories. The second perspective is epistemological constructivism: our understanding of this world is inevitably our construction, rather than a purely objective perception of reality, and no such construction can claim absolute truth. This is recognized both in science (Shadish et al. 2002; Norris et al. 2008) and in our everyday lives; what people perceive and believe is shaped by their assumptions and prior experiences as well as by the reality that they interact with. From this perspective, every theory, model, or conclusion is by necessity a simplified and incomplete attempt to make sense of a complex reality (Maxwell 2012).

Building on the notions of ontological realism and epistemological constructivism, this study has adopted ideas from critical inquiry and realism to develop the methodology and methods further. An overview is provided below.

4.2 Critical inquiry and realist informed approach

This research was driven by a critical inquiry perspective. Critical inquiry questions currently held values and assumptions and challenges conventional structures (Marrais and Lapan 2004; Gray 2014). It invites researchers and participants to discard “false consciousness” in order to develop new ways of understanding as a guide to effective action and confronting unjust social systems (Berger and Luckmann 1971; Friere 1973; Bradshaw et al.2007; Garoian and Gaudelius 2008). The deployer of a critical perspective is not content to interpret the world but also seeks to change it. The assumptions that lie beneath critical inquiry are these (Weiss and Fine 2004; Dodson et al. 2007; Bloom and Sawin 2009; Gray 2014):

- Ideas are mediated by power relations in society.
- Certain groups in society are privileged over others and exert an oppressive force on subordinate groups.
- What are presented as facts cannot be disentangled from ideology and the self-interest of dominant groups.
- Mainstream research practices are implicated, even if unconsciously, in the reproduction of the systems of class, race, and gender oppression.
- The task of researchers is to call the structures and values of society into question.

Critical inquiry provides an intellectual foundation for the development of ideas in this research, in particular the challenging of commonly held notions, challenging of power, and ensuring that disempowered individuals have a voice (Hancock 2004; Garoian and Gaudelius 2008; Bloom and Sawin 2009; Bloom 2009; Bromage et al 2017). Within the current research this will be through the stance of the researcher and through the establishment of an advisory group comprising people whose needs are defined as multiple and complex and who have used or are using the interventions offered by the ISPs (Appendix 1 sets out the terms of reference and a summary of the meetings with the group).

This research adopted a realist-informed perspective. Realist research is a form of theory-driven research which seeks to build explanations (Pawson et al. 2005; Pawson 2006). Pawson (2006) asserted that the prime focus is to explore the underlying theories of social, policy, or health interventions (termed “programme theory”) rather than evaluating the programmes themselves. The way programmes

operate is described in terms of programme theory, which is a particular way of articulating how a programme may achieve its objectives, but focusing not on programme activities but instead the underpinning causal mechanisms and contexts which are driving outcomes (Pawson et al. 2005; Pawson 2006). Using a programme theory helps to move beyond the minutiae of particular programmes to focus on the main ideas within and across them (Pawson et al. 2005; Pawson 2006). Once developed, researchers can compare programme theories of various interventions; this can help elucidate the differences between interventions, how they work, and the outcomes they generate. Programme stakeholders are a key source of programme theory. Realist research begins with theory and ends, if it has been successful, with a revised, more nuanced, and more powerful theory (Pawson et al. 2005; Pawson 2006). According to the realist-informed perspective, the interviews in this research were driven by a programme theory. An important principle of realism is that, by contrast with, say, a drug–receptor interaction, the "causes" of outcomes are not simple, linear, or deterministic. A realist approach requires an iterative explanation-building process. The working assumption behind realism is that a particular intervention or class of interventions work through mechanisms (M) in different contexts (C) leading to outcomes (O) (Pawson 2006), otherwise known as CMO configurations. Realists consider that interventions work because the individuals who are involved in receiving or delivering an intervention make decisions in response to the intervention (Pawson 2006). The reasoning of these actors in response to the intervention is what causes outcomes. The term "mechanism" refers to the underlying social or psychological drivers that influence actors. A mechanism is therefore an account of psychosocial processes which are responsible for outcomes (Pawson and Tilly 2006, p. 68).

Realism draws on fluid and complex factors that interact and influence in different ways depending on a number of factors. Context is seen as important because it influences mechanisms, and mechanisms work in different ways depending on the contextual situation. Context may be made up of norms, regulations, and procedures as well as the barriers and facilitators that reside within the relationships between the involved actors and between the actors and broader social structures (Connelly 2004). Outcomes are any outcome of interest to the investigators, for example health outcomes or quality of life.

Realist perspectives are well equipped for investigating complexity (Byng et al. 2008; Pommier et al. 2010; Wand et al. 2010; Maluka et al. 2011; Manzano-Santaella 2011) and causal pathways (Ridde and Guichard 2011; Rycroft-Malone et al. 2012). Research designs that strip away context, focusing on pure effect (e.g. Randomised Controlled Trials), are viewed as limited by realists. Paying attention to context–mechanism–outcome provides insight that can be applied in different settings or to different populations (Cartwright and Hardie 2011; Whitehead 2017). CMO constructs are useful for exploring interventions and underlying processes (Leone 2008). Defining context and separating mechanism from context, however, remains a difficult issue, particularly within complex systems/environments. Improving understanding of the influence of the context on the outcomes of an intervention or on the problem at hand is one of the key elements that sets realist research apart from other perspectives.

The key stages of a realist-informed qualitative approach can be summarised as follows (Pawson and Tilly 2006; Leone 2008; Maluka et al. 2011; Manzano-Santaella 2011; Ridde and Guichard 2011; Rycroft-Malone et al. 2012).

- Collecting initial data on how the programme(s) are intended to generate outcomes (i.e. developing a programme theory), through review of academic literature and grey literature and developing an initial programme theory.
- Refining the theory of the hypothesised mechanism of action of a programme, what factors influence the effectiveness of the programme, and the potential outcome.
- Gathering empirical data, using the hypothesised programme theory to structure interviews with people who have the capacity to speak with authority on mechanisms, contexts, and outcomes.
- Analysing data to confirm, refute, or refine the emerging programme theory (develop themes and CMO relationships).
- Producing preliminary thematic summaries; mechanisms are defined, prioritised, and refined further through discussion and presentation to others (e.g. steering group, or supervisors).
- Writing and refining an overarching explanatory account, working mainly from interim analysis documents and using a narrative and thematic form as a synthesising device.

Following a discussion of the different theoretical and methodological positions underpinning the study, the procedures and concepts guaranteeing rigour and trustworthiness of data and interpretations must also be identified. These are discussed in the next section.

4.3 Appraising qualitative research: rigour and trustworthiness

Validating standards in qualitative research is challenging because of the necessity to incorporate rigour and subjectivity as well as creativity into the process (Johnson and Waterfield 2004). The need to demonstrate the true values of multiple perspectives, the dependability of findings amid variability, the applicability of findings to broader contexts, and freedom from bias in the research processes are all validity issues to be addressed (Whittemore et al. 2001). Validity is not an inherent property of a particular method, but pertains to the data, accounts, or conclusions reached by using that method in a particular context for a particular purpose (Maxwell 2012 p. 284). Key issues of validity, reliability, and generalisability need to reflect the philosophical and ideological orientations of qualitative research. These will be covered in the next sections. Key aspects considered in this research were ethical validation, usefulness, consistency, clarity and thoroughness, reflexivity, and checking and consultation with users.

4.3.1 Ethical validation and practical usefulness

It has been argued that natural science has been assumed to be a value-free endeavour, and strict methodological procedures were developed to keep subjective bias, prejudice, and tradition from distorting the purity of the results (Guillemin and Gillam 2004). It was positioned that a clear and unequivocal truth would emerge if proper procedures were applied in a methodical manner, and the proper objectivity was adhered to (Alvesson and Skoldberg 2000; Blaxter et al 2006). Thus, positivism became the authoritative voice of cool, objective reason, with experimental methods being the only legitimate route to valid scientific knowledge (Mishler 1986; Finlay 2002; Pillow 2003). Woolcot (1990) argued that rejecting objectivity as defined by positivism leads to a multi-vocal reality in which the issue of criteria for judging the validity of an interpretation is non-existent (Woolcot 1990). Subtle realism (Hammersley 1995; Fine et al. 2000; Baxter et al. 2006; Wint 2011) was positioned as an approach that allows for confidence in qualitative work, with specific procedures aimed at increasing the validity of the research. These included careful case selection, ongoing hypothesis testing, inductive analysis, and “simple” quantification.

The term “validation” rather than “validity” is used to emphasise the way in which a judgement of the trustworthiness or quality of a piece of qualitative research is a

continuous process (Lather 1991; Heron and Reason 2008; Alveson and Skoldberg 2000; Baxter et al. 2006). Reformulations of validity are less about normative methodological criteria and abstract procedural rules and more about principles that must be carefully considered in each specific instance (Finley 2002; Mantzoukas 2004; Love 2011; Finlay 2013). Validity becomes a moral question that must be addressed from the inception of the research endeavour to its completion (Manzer and Brightbill 2007; Finlay 2013). The choice of method itself has political and ethical implications (Baxter et al. 2006; Pain et al. 2013).

In the case of the current research, the author's stance was rooted in grounding validation of research in shared humanity (Pain et al. 2007; Bloom 2009) and beneficence (Kvale 1996). In other words, research inquiry as an ethical way of moving us beyond our present understanding of how to improve the outcomes for people with multiple and complex needs.

Ethical validation requires that practical, generative, and possibly transformative answers are generated in response to the questions researchers pose (Adams 2008; Bloom 2009). Silverman (2010) suggested that we ask if the research is helpful to the target population, if there are alternative explanations other than the ones settled on, and if we are more sensitized to, or enlightened about, the human condition because of the research. Ethical validation requires research to provide some practical answers to the "so-what" question. As Cheryholmes (1998) asserted, 'clear-cut distinctions among social research, social theory, and social practice cannot be sustained' (p. 421). The questions we ask relate directly to the answers we find; thus our choice of topic and approach must be pragmatically informed from the outset if there is to be practical, real-world value in our research efforts (Agree 2004; Creswell 2007; Heron and Reason 2008).

Yardley (2000) opposed the current meanings of empowerment focused on individual self-assertion, upward mobility, and the psychological experience of feeling powerful and instead drew on Gramsci's idea of counter hegemony (1971). Yardley used empowerment to mean analysing ideas about the cause of powerlessness, recognising systemic oppressive forms, and acting both individually and collectively to change lives. Lather (1991) used the labels "rhizomatic" and "voluptuous" validity to describe the capacity for research work to engender new connections and go beyond what is given.

The study reported in this thesis aimed to take dialogue in new and fruitful directions (Agree 2004; Dodson et al. 2007; Heron 2008; Bloom 2009; Love 2011; Finlay 2013; Mayo 2013). As a means of supporting ethical validation, namely usefulness (Angen 2000; Weis and Fine 2004), the enquiry explored a new, comprehensive way of conceptualising intersectoral partnerships and has provided professionals with a model to support inclusive, imaginative practices. The current thesis has implications for policy, practice, care provision, and service delivery.

Initial research questions were discussed with the research advisory group. This included a discussion on qualitative realist-informed approaches, including an explanation of CMO. The advisory group members felt that this was an authentic set of questions which reflected their curiosity about how the programmes were working and their interest in understanding the participants' perceptions and experiences.

4.3.2 Consistency, clarity, and thoroughness in data collection and analysis

Consistency, clarity, and thoroughness means that validity should be understood as a quality-control process that takes place throughout a study. Processes of data collection and analysis, consistency, commitment, and thoroughness in data collection and analysis are of key importance (e.g. Kvale 1995; Angen 2000; Yardley 2000; Coben 2013). Triangulation of sources, theories, and participants is often seen as important (Pain et al. 2007; Bloom and Swain 2009). In relation to consistency, clarity, and thoroughness, a brief summary of key quality indicators is presented below, and in more detail in the methods chapter.

In terms of the quality of process several recommendations are made (Angen 2000; Barbour 2001; 2005):

- Interviews are recorded and professionally transcribed.
- Transcripts are checked by the researcher against the original recordings.
- Notes are made during interview.
- Transcript is read several times by the researcher,
- Analysis of data is discussed with peers and supervisors.
- Member checking is carried out with an advisory group and/or the original participants.

A broad literature review is also recommended to identify and consider multiple perspectives to reflect the complexity of the chosen topic (Janesick 2000; Angen 2000). Theoretical and methodological choices as well as interpretative considerations should be shared and debated with the supervisory team, the research advisory group, and colleagues to increase robustness and completeness of the emerging findings (Johnson and Waterfield 2004; Ageee 2004; Bloom 2009) challenge the researcher's assumptions (Creswell and Miller 2000), and stimulate the search for alternative perspectives (Long and Johnson 2000; Hancock 2004). Additionally, explicit documentation of theoretical, methodological, and analytic choices can be used to provide evidence of how conclusions were reached (Morse 1994; Weiss and Fine 2004) enhancing trustworthiness (Angen 2000; Pain et al. 2007; Bloom and Swain 2009)

4.3.3 Reflexivity

Maslow (1966) asserted that 'there is no substitute for experience, none at all' (p. 45). He pointed researchers towards the value of self-dialogue and discovery. The work of writers such as Clifford and Marcus (1986) pushed qualitative researchers into a 'new paradigm, placing discovery of reflexivity at the centre of methodological thinking' (Seale 1999, p. 160). This ranged from considerations of the confessional tale (Van Maanen 1988) to self-awareness of their own positions and interests and how they were explicitly situated themselves within the research (Hertz 1997; Heron and Reason 2008; Singer 2011). Bergum (1991) stated that although reflexivity is still important to the process, it is undertaken in interpretive research to value the researcher's own contribution to the understanding and to trace how the researcher's original sense of the topic changes over the course of the research.

Gadamer (1994) discussed how self-reflexivity is not carried out to create an objectivity with which to more fully address the topic, but rather the truth of an interpretation must continually be negotiated through continuous conversation and dialogue (Kvale 1996: Cresswell 1998: Lawless 2000; Janesick 2004; Cresewell 2014). Consequently, the researcher's values are inherent to all phases of the inquiry (Creswell 1998; Dodson et al 2007; Stringer 2007). Subjective prejudices, rather than being viewed as a distortion of reality and thereby a threat, become the background from which further understanding springs forth (Gadamer 1994; Fine et al. 2000; Hancock 2004). This implies a commitment to self-reflexivity, wherein the researcher's position requires a vigilant self-critical reflection (Alcoff 1994; Lawless,

2000; Agee 2004; Bloom 2009). The researcher's presence in the research is visible, and subjectivity in research is transformed from a problem to an opportunity (Finlay 2002). Finlay cautioned, however, that reflexivity should be 'neither an opportunity to wallow in subjectivity nor permission to engage in legitimised emoting' (Finlay 2002, p. 543).

Personal characteristics, assumptions, beliefs, and potential bias that could influence enquiry were explored throughout the research (Johnson and Waterfield 2004; Hancock 2004; Bloom and Sawin 2009). The researcher used a log to record her thoughts, feelings, attitudes, and reactions within the research context. This use of logs and reflective journals ensured that the researcher was challenging her assumptions of objectivity in the research and focused attention by the researcher to make explicit her own subjectivity, considering how these views, thinking, and conduct affected the research process. In addition to the components of subjectivity and social action, rapport is key to peer research. It is argued that research which engages meaningfully with its participants is more effective in that it leads to deeper, richer, and more honest data (Mezirow 1990; Beresford 2007).

When the researcher commenced interviews, she introduced herself as a researcher and candidate for a doctoral degree rather than as her professional NHS role. This gave clear definition to the researcher's role. The author's stance was to use introspection and personal reflection (Blloom 2009; Singer 2007; Adams 2008) to become more explicit about the link between knowledge claims, personal experiences, and the social context. The complex dynamic between the author and participants resulted in asking probing questions which touched on personal motivations (Mezirow 1990; Finlay 2002; Manzo and Brightbill 2007; Cresswell 2007). Throughout the research, instances of reflexivity and reflection focused on two aspects, which were discussed with peers and supervisors throughout:

- What characteristics of the researcher were being discussed, and were these relevant to the emerging programme theory?
- What emotions were being provoked by the data, and did these emotions then shape subsequent conversation?

4.4 Considerations of other approaches

A key question underpinning the current thesis is why a realist evaluation was not undertaken. Realist evaluation is perhaps the most common application of realist methodology and is a type of theory-driven evaluation that aims to ascertain why, how, and under what circumstances programmes succeed or fail (Pawson and Tilley 1997; Pawson et al. 2012; Pawson 2013). Realist evaluation is appropriate for the analysis of complex systems involving diverse people, different locations, organisations, professions, and sectors (Pawson and Tilley 1997; Wong et al. 2012; Pawson 2013). It is research which focuses on what works for whom, and why, under what set of circumstances, and which contexts determine outcomes. A realist evaluation would have focused on the outcomes produced as well as how they were produced and what was significant about the varying conditions in which the interventions took place (Tilley 2000). Focusing on programme outcomes was beyond the scope of this study. An underlying assumption was that the six ISPs were successful, but the other key components of realist evaluation of data to inform programme theory were included; hence the researcher adopting a realist-informed methodology.

International and national policies emphasise the importance of cross-sectoral working to improve the outcomes for people with multiple and complex needs (Scottish Government 2017; Scottish Government 2018), but there is not a comprehensive body of literature which sets out how this partnership and collaboration can be done (Stevenson 2011; Cooke 2015). Using a realist-informed methodology to identify and articulate the accounts of how ISPs can improve outcomes for people with multiple and complex needs provided a common language and logic of inquiry. The ability to synthesize contexts, mechanisms, and outcomes, which built on the understandings and insights of both theory and the experiences of the research participants, would add richness and depth to the construction of programme theory (Person 2015; Pound 2015).

Having discussed methodological considerations, the following chapter will cover the methods used in the current research.

5 Methods

This chapter includes information about sampling, methods for data collection and analysis, and ethics.

As indicated, a qualitative approach was adopted using realism and critical inquiry as underpinning frameworks. Semi-structured interviews were used to capture the experience of people involved in delivery of the ISPs. The focus of the data collection was driven by the realist focus on CMO.

5.1 Sampling

The study employed purposive sampling (Patton 2002) to facilitate the gathering of in-depth information about issues of central importance to the understanding of what works for whom and in what set of circumstances. To capture and describe common themes as well as unique perspectives, 18 individuals were recruited from 6 different ISPs. Informants were selected on the basis of their expertise, influence, prominence, and positions held in the ISPs. The one-to-one encounter was deemed to be particularly useful for getting the story behind a participant's experiences, with the interviewer able to probe for more in-depth information around the topic, exploring more fully the reasoning and motivation behind the experiences described. Individual interviews were time-consuming; however, they were easier to organise and coordinate over a set time period set aside by the researcher, which gave choice to the participant over time, venue, and date.

The inclusion criteria were these:

- Seniority/management/influencing position in one or more ISPs
- Understanding of current policy which is driving the ISP
- Ability to comment on context, mechanism, and outcome
- Willingness to participate in the study

An overview of the different ISPs is set out in Table 3.

Pawson (2006) suggested that professionals are mechanism and context experts; therefore they are the best placed people to provide information based on a realist perspective. In terms of the number of individuals to be involved, practicalities of research require that provisional decisions regarding sample size are made at the

initial stages of project design to allow planning in terms of time and resources (Silverman 2010). In line with study objectives, the sampling strategy was aimed at collecting in-depth data from a focused sample. This is standard practice in qualitative research, which aims to develop understanding and give meaning to a social process, rather than to undertake large-scale quantification (Patton 2002). Saturation is accepted as a criterion for determining sample size in qualitative research (Mason 2010). Authors also offer rule-of-thumb estimations; for example, Bertaux (1981) suggested 15 participants as a minimal required size for samples in qualitative research. Given that the 6 ISPs in Lothian have focused on the needs of people with complex and multiple health problems, a sample of 18 participants (3 participants per ISP) was considered adequate for this study.

Sample size in qualitative studies is influenced by theoretical and practical considerations (Braun and Clarke 2013; Robinson 2014). The sample size in this study was planned to ensure that the sample was adequate in terms of its potential to generate sufficient data to form the basis for meaningful, comprehensive findings and interpretations, and to achieve balance between practical and theoretical considerations. This was achieved by selecting 3 participants from each ISP, with participants having experience ranging from senior strategic and operational leadership roles to front-line practitioners to collective advocacy workers working directly with people with multiple and complex needs. Several participants had experience and involvement in 2 or more ISPs. The sample also reflected the 3 sectors—public, private, and voluntary sector. In this research, potential participants were advised that the study would focus on developing a better understanding of ISPs. It was made clear that, for most participants, there would be no direct benefit from participating in the project.

Table 3: Lothian intersectoral partnerships

ISP	Est.	Characteristics	Locale	Focus
A sense of belonging arts programme	2015	People with mental health problems who have an interest in the arts as part of their recovery journey and members of the public who are interested in the arts as a vehicle for social change	Art galleries, cinemas, venues across Lothian	Use the arts to raise awareness of mental health and reduce stigma
GameChanger Public Social Partnership	2013	Football fans, friends, and communities	Easter Road Football Stadium	Use the power of football to address inequalities and social justice
Veterans First Point Lothian (V1P)	2009	Veterans and their friends and families; veterans' charities	V1P Centre, Argyle House, Edinburgh	Create a national network of one-stop shops to support veterans, whatever their needs may be
The Prospect Model	2016	People living in Lothian who require psychological interventions	GP practices, A & E departments, community venues	Introduce a matched care model for the delivery of interpersonal psychotherapy across a range of settings delivered by a diverse range of practitioners
The Re:D Collaborative	2012	People who have mental health and substance misuse problems and who are in contact with the criminal justice system	Courts, prisons, justice centres	Create a community of practice to improve the mental health and well-being and life circumstances of those in contact with the criminal justice system
Rivers Public Social Partnership	2015	People of all ages who have experienced significant trauma	Rivers Centre, Fountainbridge Library, Edinburgh	Establish an open-access community resource for people who have experienced trauma to access help and support

5.2 Ethics

The QMU application for ethical approval was completed. This included consideration of the need to highlight to interviewees that due to the specificity of the research being with senior leaders of current operational programmes, they were likely to remain identifiable even with steps taken to anonymise data. However, it was stressed that names would not be included in documentation and outputs (the completed QMU Ethics Application Form and documentation is included as Appendix 3-4). Although this was deemed as a low-risk study focused on gathering data from professional staff on their professional activities and areas of expertise, the researcher was mindful of coercion of participants, as the researcher is a senior NHS professional herself who had pre-existing professional relationships with some of the staff and services that were involved in the study. To take account for this, the study participants were provided with detailed information via emails and print in advance of agreeing to participate. Personnel were approached by the researcher directly, but staff who had a direct line-management relationship with the researcher were not invited to participate. Each participant was assured that he or she could withdraw from the study at any time, and that participation and views would remain confidential.

To ensure that participants were able to make a fully informed decision with regard to their participation in the study, they were provided with information about the background, aims, and procedures in advance of the interview session both verbally and in writing. Participants were informed about the voluntary nature of their involvement and the right to withdraw from the study at any stage without giving a reason. The potential benefits and risks relating to the study were explained. It was made explicit that anonymity was not possible but that participants' names would not be made public. No material benefits were offered to potential participants.

Written informed consent was secured from each participant. Participants were also asked for agreement to audiotape and transcribe the interviews, to store and analyse data, and to include anonymised citations in report(s). Appendix 4 contains the Informed Consent Form.

To protect confidentiality, no identifiable information was made available to parties outside of the research team. The participants were also informed that hard and electronic copies of documents relating to the project were stored securely, either in

locked cabinets or in password-protected computers within QMU Edinburgh. The risk of accidental breach of confidentiality was minimalised, as efforts were taken to anonymise individuals when any reports or publications are made. All raw data were accessed only by the author; no other member of the research team was involved in reviewing such data. There was limited risk of these data being misplaced in transit, as they were transported on a digital recording device and eventually stored on QMU servers and a secure server of the transcription company (for limited time only; on completion, all files were fully deleted from company servers). Transcripts were anonymised at the time of transcribing, so paper copies were confidential.

5.3 Main study: running, recording, and analysing interviews

5.3.1 Research procedures

Potential participants were approached by the researcher, provided with information about the study, and asked to consider participation and to respond within 14 days of receipt. If agreeable, the researcher would arrange an interview. Participants were provided with detailed information about the study, both verbally and in writing. Participants were given the opportunity to ask questions prior to giving their written consent. The participants were informed that they did not have to answer questions, or give an explanation for not answering questions. The researcher secured all consents. Appendix 4 contains the Study Information Sheet and Participant Demographics Check List.

5.3.2 The nature of asking questions from a realist perspective

Realist-informed interviews require the researcher to be well versed in the programmes at hand, and to have constructed an initial programme theory which is then tested within the interview (Pawson and Tilly 1997). The participants are not mere subjects (Paton 1999) but are 'key informants with the power of their knowledge about how the programme is really operating' (Manzano 2016, p. 383).

The realist mantra, based on the notion that 'nothing works unconditionally in all circumstances' (Tilly 2000, p. 116), has direct effect on the formulation of questions. A hypothetical programme theory is subject matter for the interviews (Tilly 2000; Pawson and Tilly 2007). Questions should be constructed to test the researcher's hypotheses in terms of possible context, mechanism, and possible intended and unintended outcomes. Exploring stakeholders' meanings and reasoning processes about daily working and practices of implementation can also help identify key contextual differences in the construction of outcome patterns.

5.3.3 Development of a programme theory

A programme theory is a way to move beyond the minutiae of particular programmes to focus on the main ideas within and across them (Pawson et al. 2005; Pawson 2006). A programme theory describes how the intervention is expected to lead to its effects and in which conditions it might do so. The initial programme theory was constructed through a set of iterative processes:

- Development and completion of a wide-ranging literature review
- Collation and documentation review for each ISP, including for example
    - policy documents,
    - strategies and commissioning plans,
    - statements of shared values,
    - reports on specific initiatives to government agencies and governance groups within organisations,
    - newsletters,
    - invitational flyers, and
    - protocols and evaluation documents.

The researcher, with support from peers and colleagues, refined the initial programme theory by synthesis of the literature and analysis of the above grey literature using the realist framework of CMO. This analysis also drew upon the researcher's experience of creating ISPs herself as part of her NHS senior management role. The researcher also presented and discussed the research proposal and initial programme theory with the research advisory group.

Using a realist lens facilitates the understanding of how evidence contributes to interpretation and explanations of the programme theory (Schorr 1997; Donaldson 2005). Mechanisms, context, and outcome were identified during the programme theory design, and this enabled the interview to focus on testing the different elements. The researcher wanted to gain a deeper understanding via the perceptions of the principal actors (Pawson and Tilley 2006). Pawson (2006) suggested that professionals are mechanism and context experts; therefore they are the best placed people to provide information in the realist framework on programme theory.

The initial draft programme theory comprised 11 context features, 17 mechanisms, and 12 outcomes (see Appendix 2). As indicated, the researcher constructed a series of semi-structured interview questions (see Table 4, below) containing exploratory questions based on the emergent programme theory, which served as an instrument to draw out the propositions and ideas from the research participants. Interviews were designed around stakeholders' awareness and experiences of the programme, including their reasoning (Manzano 2016, p. 352) about specific propositions in order to contribute to the formulation of a new programme theory and

the sequence of presumed causes/actions/processes and effects (Weiss 1997; Weiss 2000; Jagosh et al. 2011; Glass 2015).

The questions aimed to encourage participants to recount their experience of working within the ISP and to theorise together with the researcher on CMO relationships. This was supported by questions to explore areas specific to mechanism, context, and outcome (Pawson et al. 2005; Pawson 2006).

One pilot interview was carried out by the researcher, and this resulted in further refining the draft interview format.

Table 4: Realist-orientated interview questions

QUESTION focus	QUESTION probes
Opening	• Please can you explain your role in (partnership name?) • Why did you become involved?
Exploring context 1	• What kind of problem or issues might a person be having that might make it difficult for them to access mainstream services? (people may say they may have money problems, drug problems, they may feel stigmatized, they may not have good health literacy)
Exploring context 2	• What characteristics in the way the staff work with people are important? (Such as do you think it's important for people to have experience of MH issues, drug alcohol problems?) • Do you think it's not important that staff are not judging and are empathetic?
Exploring mechanisms 1	• Who is it that you think you are reaching? • Why do you think that people have participated in the activities and interventions of the partnership? • What influence do you think "place" has had in terms of activities and interventions, and the numbers or types of people participating? • What ideally would you want a person to experience or gain when participating in the activities or interventions of the partnership?
Exploring mechanisms 2	• Could you explain your reasoning when [you do XXX thing] with a service user?
Exploring mechanisms 3	• What ideally should happen to this person in terms of XXX?
Exploring mechanisms 4	• When I have spoken to professionals, they have told me that X, Y, and Z have helped service users. What do you think? Why? • When do you think X, Y, and Z would help? Why? • Are there certain service users that X, Y, and Z might help more? Alternatively, when X, Y, and Z might not help? Why? • How do you think the XXX system has affected how XXX is getting on? I am thinking that they may be doing things differently than before. How is it different?
Exploring context 3	• Some have also told me that A, B, and C gets in the way of service users doing well. What do you think? Why? • There seem to be external factors affecting the way certain people progress, I am not talking now about XXX but more about things like XXX that may influence some of the decisions made.
Unintended outcomes	• Could you tell me, has anything surprising happened? I am thinking about how XXX outcome is not supposed to happen but sometimes does. Have there been any unintended outcomes (use Rivers example)?
Known and unknown outcomes	• In your opinion, how appropriate is the resource used to do intervention XXX? If negative or ambiguous answer: In your view, what would be an appropriate resource? How does this affect outcomes?
Exploring ideas to improve outcomes	• Suppose you did XXX differently. Would this help outcomes, do you think?

5.3.4 Interview procedures

The semi-structured approach to interviewing adopted in this study facilitated a more economic use of time and resources, as compared with unstructured interview, and made interviewing more systematic and comprehensive, which enhanced credibility (Patton 2002). Such a design ensured that the same lines of inquiry were pursued with each person interviewed but also left the researcher freedom to explore, probe, and ask questions that allowed further elucidation of the investigated topics (Patton 2002).

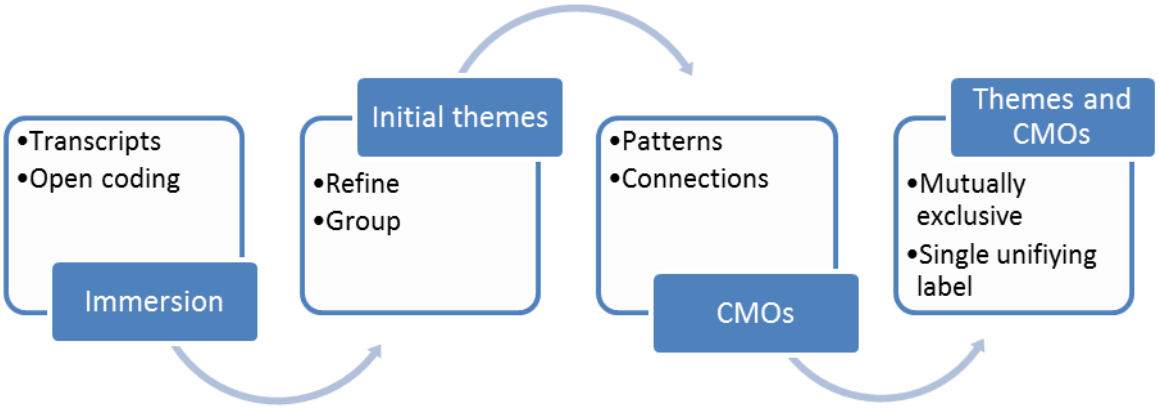
Interviews were audiotaped, and the researcher also took notes during the interview. The interviews were arranged to take place in venues convenient for the participants. The average interview time was 45 to 60 minutes. At the beginning of each interview, demographic details were gathered, consent forms were signed, and an opportunity was given to ask any further questions. The researcher then described briefly the basic outline of the interview and shared the diagram illustrating the mechanisms, which could be used as a visual aid during the interview (Appendix 2).

The interviews explored the questions detailed in the interview schedule. Participants were asked to provide their interpretations and perceptions of aspects of their programmes with respect to the developing programme theory. The questioning began with a more general discussion about the topic area and proceeded to drill down into different sections of the programme theory. The questions aimed to encourage participants to recount their experience of working within the ISP and to theorise together with the researcher on CMO relationships. This was supported by questions to explore areas specific to mechanism, context, and outcome. This relationship (between interviewer and interviewee) is different from traditional qualitative interviews because it occurs within the context of a programme theory. The relationship with the interviewee has been deliberately and artificially created for intentionally gathering ideas about the programme. It is not a natural relationship but is in fact special, artificial and somehow dis-embedded (Janesick 2000; Dodson et al. 2007). This is of particular relevance given the long-standing relationship within the context of the ISPs that the researcher had with all participants.

5.3.5 Data processing and analysis

The key phases of analysis were transcription, immersion, open coding, identifying themes, and refining themes (Strauss and Corbin 1990; Seale 1999; Weiss and Fine 2004; Harden 2004; Stringer 2007) adapted to focus on realist aspects of CMO (Pawson and Tilley 2007).

Figure 1: Overview of the analysis process



The full, professionally transcribed texts were read several times to gain a sense of the whole dialogue. The aim here was for the researcher to become immersed in the data. The researcher also wrote 'memos' (May 1995) describing initial responses to the transcribed data. Each transcript was read several times. The key analytic procedure draws on a qualitative approach of thematic and framework analysis (Ritchie and Spencer 1994) which involves initial familiarisation with the material, identification of a thematic framework, indexing of the data according to the framework, charting the main themes, and finally mapping and interpreting the data (Ritchie and Spencer 1994). This approach allows themes or concepts identified a priori to be specified as coding categories from the outset and to be combined with other themes or concepts that emerge de novo (Ritchie and Spencer 1994). In order to avoid forcing data into pre-existing constructs it has been common practice to apply inductive analytical techniques in tandem (Larsson and Wijk 2007; McGhee et al. 2007). Such analysis can be successfully used to both interpret data and create new theoretical propositions (Larsson and Wijk 2007; McFarlane and O'Reilly-de Brún 2011; Maxwell 2013; Miles et al 2014). Once thematic categories were identified through inductive and deductive analysis, they were incorporated into the

coding framework, and the data were revisited on several occasions to refine the evolving structure. The key focus at this stage was to find and align the evidence to demonstrate that particular mechanisms may be generating particular outcomes and to demonstrate what aspects of context may matter. All transcripts were coded in discrete terms of contexts (C), mechanisms (M), and outcomes (O). The initial coding framework, based on realist ideas around CMOs, is set out in Table 5. This method was chosen as it offers a structured and explicit approach to organising and analysing data and, while being open to application of a priori concepts, ensures that the analysis is grounded in the interview data (May 1994; Singer, 2007, Adams 2018).

Themes were identified, with data clustered with similarly coded text and examined across the sample. Within each theme, patterns of CMOs were examined. The emerging framework was discussed with the supervisory team to ensure its comprehensiveness and inclusiveness (May 2000). The themes were further refined and links, patterns, and connections among the CMOs and across the themes moved towards greater levels of abstraction. Detailed tables of CMO configurations with supporting data were developed. More refined themes and categories were developed and then sorted and grouped to identify mutually exclusive mechanisms and contexts which were coherent and could be designated with a single unifying label. The themes and categories were used to represent CMOs, and these were recorded alongside quotes from participants to maintain an audit trail.

To confirm the veracity of the findings, a presentation of findings was prepared and presented to colleagues and peers in April 2018. This encouraged further immersion in the data and coherence during May 2018.

Table 5: Coding structure (realist concepts: context, mechanism, outcome)

Aspect	Concepts	Coding Rules
Context	Context refers to salient conditions that are likely to enable or constrain the activation of programme mechanisms. Programmes are always introduced into pre-existing social contexts.	Components of both the physical and the social environment that favour or disfavour the expected outcomes.
Mechanisms	This refers to any underlying determinants, material circumstances, or social behaviours generated in certain contexts. Mechanisms are located within institutional structures, agency, culture, and the relational properties among them.	Any explanation or justification why a service or a resource was used by an actor to achieve an expected outcome.
Immediate outcomes	Describes the immediate effects.	The immediate effect of mechanisms on participants (e.g. feelings, thoughts, or behaviours of staff participants).
Long-term outcome	Refers to impacts in the long term, such as a person's health status, and impacts on community and health systems.	Further/indirect impacts: health of service users, well-being outcomes for service users.

5.3.6 Advisory group

Many authors note the importance of active involvement and engagement with the wider community in research (e.g. Green et al. 2015). Bryman (2004) paid special attention to the use of respondent validation as a means of establishing the validity of qualitative research findings, reporting back findings to those observed to confirm or revise findings in the light of their comments. For this study an advisory group was recruited to support the research and to review the plans, findings, and final outputs. If research is actually shaped by context, power and social construction (Pain et al. 2007; Heron and Reason 2008; Love 2011), then the researcher's account may be accorded status and influence. The advisory group served as a key means to test out findings set against the emergent programme theory. What is known about the world is influenced by those who have the power to ask questions. This can result in harmful stereotypes, objectification, and ignorance of marginal populations who are denied the right to create knowledge because they are not recognised as experts on their own lives (Lawless 2000; Hancock 2004), and they lack the tools and the platform necessary to create a competing narrative. This

advisory group comprised people who are using the services and interventions provided by the ISPs and practitioners working with the ISPs. This provided a further means to harness evidence or to answer questions about the cultural appropriateness of the interventions (Holman and Lorig 2000, Weiss and Fine 2004; Stringer 2007).

Advisory group meetings

It was originally planned that the advisory group would meet a minimum of three times between December 2017 and October 2018. The meeting structures were originally conceived in this way:

- Meeting I: Introduction to the research, discussion on interview schedule and approach
- Meeting 2: Sharing initial findings and emerging programme theory
- Meeting 3: Sharing the programme theory and responses to it

Due to the level of usefulness and enthusiasm of the group, it was agreed that there would be an additional two meetings scheduled within the study time period. The final configuration and focus of the five meetings are set out in Table 6.

Table 6: Advisory group meetings

Meeting No	Date	Focus
1	December 2017	Introduction to the research and discussion on methodology and emerging programme theory.
2	February 2018	Discussion of broad themes from first analysis of transcripts.
3	June 2018	Presentation and discussion of CMO configurations within the five themes.
4	October 2018	Presentation and discussion of literature review.
5	November 2018	Discussion on potential impact and application of study.

The researcher also engaged and supported email communications between meetings, acknowledging that advisory group members may have wanted to reflect and respond outside of the scheduled meetings. As the number of meetings was increased for the initial plan due to requests by members email communication was mainly limited to practical and organisational issues. Presentation to the advisory group are included in Appendix 1.

6 Results

Participants in this research were 18 senior staff involved in leadership or provision of intersectoral partnerships in the Lothian area who

- included two or more partners across different sectors (statutory, private, voluntary sector),
- provided a service for people with multiple and complex needs, and
- were in an effective partnership that was achieving outcomes.

Data were collected via interviews, each lasting approximately 1 hour. Interviews were structured using a programme theory developed from the literature review and analysis of programme documentation. This theory was refined and developed across the course of the data collection process. Data were analysed using qualitative and realist methods (see Methods chapter) to identify a refined and empirically supported programme theory around the development of effective ISPs. As recommended (Bryman 2004; Green and Thorogood 2009), an advisory group, consisting of professionals and people with lived experience, provided review of interim and final findings.

6.1 Presentation of results

Results are presented in two sections as described below.

Phases of development of ISPs

This section is a short, introductory section before the main analysis is presented. Presented here is development of ISPs over time. These phases in the development of ISPs were identified during the analysis, focusing on the different characteristics of the development of the ISPs over time, from nascent ideas, to collaborating with others, to fully developing a service or structure that was delivering outcomes for people.

Realist analysis of context, mechanism, and outcome

This section answers the main research questions for the thesis: (1) What are the mechanisms that drive the ISPs in Lothian? (2) What are the contextual factors that affect the ISPs? (3) How do the mechanisms and contexts interact?

Results in this section focus on CMOs, split thematically among five themes identified in the analysis: narrative, momentum, identity, safe and secure space, and power.

Organisation and presentations of qualitative data

Throughout, quotes are presented to support interpretations: words indented and written in italics denote direct quotations (an ellipsis indicates a pause); names and any identifying features, places, or people have been altered.

6.2 Introduction to the results

The ISPs are built on a number of concepts, primarily social cohesion, supportive environments, recovery communities, social model of disability, community participation, social justice, and social capital. They are informed by theories on partnership working and intersectoral collaboration, stakeholder involvement, collective advocacy, and adaptive leadership. To understand how they work, for whom, and in what set of circumstances (Pawson and Tilly 1997b), the knowledge and understanding of the different stakeholders needs to be understood. It was for this reason that a realist-informed qualitative approach was taken. The participants were drawn from 6 intersectoral partnerships. The participants were selected due to their pivotal role within their sector in one or more of the ISPs. Realist methods serve as a way of generating greater understanding of underlying reasons or processes (mechanisms) that generate outcomes. For social programmes, mechanisms are the cognitive or affective responses of participants to resources offered (Pawson et al. 2005). Thus the realist methodology is well suited to the ISPs, which are multiple intervention strategies implemented in diverse community contexts dependent on the dynamics of relationships among all stakeholders (Pawson 2006; Greenhalgh et al. 2009).

Table 7, below, includes the interviewees included in the research

Table 7: Interviewees included in the research

Identifier	Gender	Sector	Position	No of Years Involved in ISP	No of ISPs Involved in
1	F	Voluntary	Chief Executive	5	2
2	M	Public	Board Position	5	1
3	F	Private	Chief Executive	5	1
4	M	Private	Senior Manager	5	2
5	F	Public	Senior Clinician	9	5
6	F	Public	Researcher	6	2
7	M	Public	Senior Manager	6	1
8	F	Voluntary	Chief Executive	4	6
9	M	Voluntary	Board Position	1	9
10	F	Public	Senior Clinician	2	9
11	F	Public	Senior Manager	3	6
12	M	Voluntary	Board Position	1	9
13	F	Voluntary	Senior Manager	1	
14	M	Private	Board Position	1	5
15	F	Voluntary	Senior Practitioner	2	3
16	F	Voluntary	Chief Executive	2	5
17	F	Voluntary	Senior Manager	3	6
18	F	Public	Senior Manager	1	6

6.3 Phases leading to the development of ISPs

This aspect of the thesis is a short, introductory section before the main analysis is presented.

The ISPs included in this research were examples of successful partnerships. Three development phases were identified in the data as leading to a successful ISP. These were characterised as distinct "spaces" in which partners engaged: the "invite" space, the "create" space, and the "enactment" space. Each of these spaces is discussed below. This section is an adjunct to the main realist analysis, and contextualises the phases engaged in by the ISPs in their development.

"Invite" space

At the beginning of each ISP, stakeholders were invited to an event to discuss the initial drivers, potential, and opportunities which an intersectoral partnership presented.

> *I can recall the first meeting where nearly 100 people turned up yet they didn't know what the agenda was. I'm sure there were cynics in the room but I'm sure it was quite amazing that nearly 100 people from across statutory services, the third sector, individuals, people that live and around area, you know, policy level people, elected members, it was quite astonishing for me as no one knew what to expect. (1: Voluntary Sector)*

The invite space enabled people to engage as curious citizens rather than inhabiting set roles. Participants elaborated on how this attitudinal stance was fostered by the media for presentation (for example, drama or film rather than PowerPoint), on the initiation of narrative through metaphor, and on the time given to explore concepts and ideas through honest dialogue.

Participants identified the invite space as an opportunity to explore an idea with initial parameters which provided enough clarity and form so people knew what they were being invited to discuss. Views were shared that this was a welcoming space, in a pleasant environment, and participants felt welcomed and valued by being provided with refreshments and food. They described the space as being amenable and enabling learning and listening to each other to occur, which engendered a shared experience.

> *People just did seem to want to be involved, to do this, to contribute to the community. That was really refreshing. Not asking, what's in it for us? Certainly, in the early stages. Just we want to do this. We want to work with you. We want to make things better. That was really refreshing. (2: Public Sector)*

Participants described how their strong sense of being driven to "do right" by the people whom they served was a key motivator to enter into the invite space. They were also motivated by curiosity and a sense of anticipation about what was possible. Participants also identified other motivators, such as having a long-standing relationship with the ISP facilitator or being perceived as a "maverick." Participants shared that the invite space was perceived as safe, as creating a sense of belonging and validation. This was attributed to people choosing to engage rather than any partnership being mandated.

> *There is I think all the things that we've just talked about, particularly this safe, the motivation or trigger, the sense of belonging and the validation, you wouldn't, in fact, we didn't get any of them when PSP or partnerships are mandated. You won't get any of those things. (1: Voluntary Sector)*

Participation was also described as enabling people to

> *feel valued and that…that they're actually taking ownership and they're leading on the service. (17: Voluntary Sector)*

Participants identified the inclusive nature of the invite space. They recognised that whilst they were coming with their individual perspectives and experiences, so too were others, and all needed to recognise this. Participants appreciated that next steps were clear, that any partnership would be orientated to completing real-world action, and that they were engaged in a shared task. They recognised the importance of a summary transcript of the event which recorded differences of opinion as well as shared interests, values, and potential goals. Participants recognised that leaders had a sense of optimism about what could be achieved and a commitment to drive forward whilst recognising that there was uncertainty, as the partners would be co-creating the direction and next steps.

Participants described how the invite space made them feel: excited about the opportunity, wanting to understand the new partnership, and having permission to

“walk away”. They indicated that this was promoted through different levels of engagement that they could select, which may vary over the lifetime of the ISP. Recognising the emotions and feelings of participants (for example uncertainty or tension) promoted open communication. Identified strategies included addressing cynicism, acknowledging competing narratives, and identifying tensions while acknowledging them and reframing them. The tone of the space as honest and transparent was described as being key to the process.

“Create” space

Following the invite space, people were invited to complete short statements detailing why they wanted to be part of the ISP and what they or their organisation could offer. People completing the form were then invited to be part of meetings and events to form the ISP and its activities. Being in this next space, the create space, allowed participants to feel a strong sense of belonging to the collaboration and creative process.

> *. . . it’s more you start to belong—if you know what I mean—to that thing or that collaboration, that idea, that creativity. (11: Public sector)*

The create space was described as a different space constructed to create and engender different framing of problems and solutions. Views were expressed around feelings of positivity, leading to different sets of relationships and ideas. These aspects were motivating for the participants.

> *I remember meeting in some various places. St Mary’s Street is one place I remember. We sat there, and we chewed it over. I just really enjoyed the involvement, listening to, you know, people like you, clinicians, met, you know, people who’ve been through the system, and I thought, hey, I like this. So, I really want to give it everything I can. That’s actually what set me up for the continuing relationship, until the present day. (9: Private sector)*

Within the environment generated by the create space, participants stated that they were making a level of commitment to continue to understand other intersectoral partners, which led to shared commitment to actions.

> *But this is going back to attachment, seriously an attachment is all about letting your children go but making sure they've got a secure place to come back to. Giving them permission to venture out, and when you see*

attachment systems being activated it's when they become anxious, that child will become anxious and they'll look back at their secure place, their secure person. But you need to give that permission to go, you can't be smothering. (5: Public Sector)

There was also a recognition of timelines and phasing of actions. In this space participants described wanting to do something which started with the creation of shared values, where different points of view were exposed and congruence of values examined. Participants identified a sense of continuity through review of the outputs and the invitational experiences which tested the feasibility of the ideas. Participants discussed the importance of demonstrable outputs through the shaping of ideas and actions.

“Enactment” space

Participants described the deployment of the outcomes of the create space, which made the enactment space action orientated and about delivery rather than planning, creating a platform for change. As one participant stated,

. . . to actually be doing things, to actually be taking things on, making things happen. (8: Voluntary Sector)

Attitudes towards failure were important. Participants appreciated that actions which did not achieve intended outcomes were not viewed as a negative, but rather as a natural consequence of engaging in complex innovation. This perspective was supported through reframing experiences as learning opportunities, and giving the partnership permission to change its actions. There was also an acknowledgement of the need to be genuine and authentic to facilitate necessary acts of giving and receiving constructive criticism.

We accept that sort of stuff from people that we feel are more genuine in relation to us. Part of that is probably their lack of willingness to be genuine and authentic, at risk of exposing yourself and making a mess of it and being critiqued in a way that's not healthy or helpful. (11: Public Sector)

Participants valued positive feedback when things went well and described feelings of exhilaration, feeling energised, and a sense of achievement, which was further enhanced with sharing success with leaders and different communities of practice.

It was identified that the enactment space resulted in consolidating the partnership and being in a stronger position to take more radical actions. This was expressed in several ways. First and foremost, participants described the visible progress and changes for the benefit of people with multiple and complex needs.

> *. . . people are growing in those, literally growing in their identity, growing in their confidence in those new spaces in a way, and they take that growth and that confidence back to some of the situations that they don't have as much control over and use it to their ability. (17: Voluntary Sector)*

Participants described how the actions generated by the ISP helped them to overcome long-standing and cynical views about the value of partnership working. They described how the authentic relationships enabled people to feel different about their organisation and its status and influence.

> *. . . it's a way of working and you know this better than me, it's that trusting relationship and that doesn't need to be a physical space. That is, you know, that conversation or picking up the phone or knowing that you'll be listened to or that something won't be repeated or that you won't be judged. Particularly if things are not going great and you don't want to be participating at the moment for whatever reason. But knowing that, I know it's an old cliché but that the door will still be open if you want to go back. (17: Voluntary Sector)*

Summary

The identification of different and distinct spaces - invite, create and enact - was described and detailed by the participants. Sets of specific features were allocated to each space along with distinct dimensions. Participants explained these spaces as being linked to phases of the ISPs. The invite space was described as heralding the beginning of the ISP with exchange of ideas being provoked by the creation of a space in which to do this. The create space was defined as a space where motivation and ongoing involvement based on a shared set of values and adaptations were explored which led to the enactment of activities and actions. Whilst there was no timeline or duration ascribed to these phases, but a set of clear defining and distinct characteristics were attributed by the participants.

Having discussed the different phases of development of the ISPs, the results will now progress onto the main realist analysis of CMOs.

6.4 Main findings: Realist analysis

This section presents the main analysis of the thesis.

The initial programme theory was used to frame the realist interviews and analytical process. The programme theory was refined across the analysis process. The key focus was to find and align evidence to demonstrate that particular mechanisms generate particular outcomes and to demonstrate what aspects of context matter. All data were coded in terms of contexts (C), mechanisms (M), and outcomes (O). The term “mechanism” refers to the underlying social or psychological drivers that influence actors. A mechanism is therefore an account of psychosocial processes which are responsible for outcomes (Pawson and Tilly 1997 p. 68). Context influences mechanisms, and mechanisms can only work if the circumstances (context) are right. Context may be made up of norms, regulations, and procedures as well as the barriers and facilitators that reside within the relationships between the involved actors and between the actors and the broader social structures (Connelly 2004). Outcomes are any outcome of interest to the investigators.

CMO configurations are organised by theme, with the individual context, mechanisms, and outcomes presented therein.

The structure of these sections follows a uniform format. A brief overview of CMO related to that section is presented, followed by detailed discussion.

Table 8 shows an overall summary of themes and CMOs.

Table 8: Summary of refined programme theory (CMO configurations)

Theme	Context	Mechanisms	Intermediate Outcomes	Overall Outcomes
Momentum	Organisational cultures	Desire for change Pace of change	Emotional connectivity Aspiring to sustainability Increased societal awareness Transformed world view	Efficient, effective inter sectoral partnership delivering health and social care objectives for people with multiple and complex needs
Safe, secure spaces	Historical perspectives Organisational culture	Creating a safe psychological space Creating a safe meeting space Using spaces with ascribed meaning	Increased psychological safety Authentic relationships Greater reach	
Identity	Historical perspectives	Challenging professional identity Redefining professional and personal identity	Increase in social capital and social cohesion Different relationships with participants Clarity of purpose	
Narrative	Historical perspectives Policy Social determinants of health	Establishing shared values Developing appeal Seeing all perspectives as valid	Authenticity of relationships and decision making Commitment to ISPs Fluidity of relationship	
Power	Historical perspectives Organisational cultures Social determinants of health	Talking about power Understanding power	Power sharing Power shifting	

6.5 CMO configurations: Momentum

During the 18 interviews, many participants pointed to momentum, which was the impetus, drive, or force moving ISPs through stages of development. Momentum was at the centre of discussions raised by participants. There was discussion regarding the importance of maintaining momentum, of not becoming “stuck”, and of the issues which were required to be overcome to enable momentum and avoid inertia. Creating, building, and sustaining momentum was not the responsibility of a single individual, agency, or sector. The momentum was seen as being both a process and an outcome of successful collaborative working, which was a key component of ISP functioning and being able to achieve objectives.

The CMOs were:

- Context: the key context for momentum was organisational culture
- Mechanisms: desire for change and pace of change were the key mechanisms
- Outcomes: outcomes were emotional connectivity, aspiring to sustainability, increased societal awareness, transformation of world view

6.5.1 Context (C)

The key context for momentum was organisational culture.

Organisational culture (C)

Organisational culture was described primarily as a negative, or a restraining aspect of context which impeded momentum. Participants across all three sectors documented their concern that hierarchical top-down practices were still prevalent across the statutory sector, with the potential to slow down or stop activity. Doing things “the ways things had always been done”, in tandem with the slowness of statutory services, resulted in a collective inertia which stifled and slowed down change initiatives and affected momentum.

> *I think the traditional—the power dynamic is terrible, the legacy of what we've inherited, and I think traditionally the statutory services are up here, the NHS being quite high in this hierarchy and third sector are coming somewhere beneath that and then you've got your client down here. It's just outrageously steep . . . there's so much in the structures and the statutory*

requirements. It's not even that, it's more just the way things have always been done. (10: Public Sector)

A lack of transparency about why things may be slowing down was also important. Responsibility for ownership of progress appeared to shift to other committees or departments without there being a clear rationale of why, which led to participants feeling frustrated. Participants also described how risk-averse cultures could be part of the contributing factors as to why progress was stalled or impeded.

I think some of that creating momentum is also about taking—a willingness to take risks. (17: Voluntary Sector)

A further restraining context for momentum was not shifting to preventative work (despite the rhetoric of policy) and was linked to organisations retaining budgets and status quo of continuing to provide reactive and crisis-response services rather than making shifts to initiatives which sought to ameliorate and prevent. This was exemplified by one participant's reaction to the static and ineffective nature of statutory prison services:

Why have prisons not been like this for the last 40 years? No wonder people reoffend. If you have not been doing this who has been responsible for this? Bloody hell, that's stupidity. (3: Private Sector)

6.5.2 Mechanisms (M)

Desire for change and pace of change were the key mechanisms driving outcomes for momentum.

Desire for change (M)

Desire for change was a key mechanism across the ISPs. Desire for change was reflected in deeply held personal beliefs and experiences expressed during the interviews. Participants often entered into the ISPs with a strong desire for change, which motivated their ongoing behaviour. Several participants described their frustration at the continuation of a current state of practice which was intolerable to them, informed by insights into institutional oppression perpetuated against marginalised people. Desire for change was fuelled by an understanding of the potential benefits of the ISP, coupled with participants' own experiences of working with people for whom current systems and service responses were failing. There

was a feeling that services needed to radically change and innovate so that marginalised groups could access what they need.

> *. . . because I think these kinds of initiatives require a fair amount of change and taking some risks, not always doing what might be popular or—you're inevitably going to get a hard time about certain things. You've got to have people who have an intuitive sense of—I was going to say the right way to go but how can I put this into words? I suppose—this is going to sound really corny but a really—a good moral compass, somebody who's going to know just—it'll be in their DNA that if you're not seeing people from deprived areas, for example, then there's something wrong in the system. (10: Public Sector)*

Some participants also talked about deeply held personal reasons for their desire for change that maintained their momentum through the ISP. These included, for example, family circumstances, reflections within themselves, and supporting people to be themselves without fear of prejudice.

> *. . . to improve people's lives and to be involved in their lives and it was quite a broad kind of direction for me but I just felt that that was kind of—that's what interests me really. (3: Private Sector)*

Pace of change (M)

Participants recognised that there was not a steady state in relation to momentum, that at times it may accelerate or slow down, and therefore a key mechanism was pace of change. This includes being aware of going too fast or too slow, depending on the nature of the partnership.

> *There is a momentum and it's not a sort of continuous momentum, but you've got to keep it flowing fast enough to keep the momentum but not too fast. It's that pace, sometimes it's going to slow, sometimes it's going to quicken. Momentum is not a steady state. . . . (10: Public Sector)*

However, early momentum to gain quick wins, which augmented partnerships, was frequently viewed as necessary in delivering change. Pivotal events, driven by pace, were triggers for accelerating and continuing momentum. When momentum was at its peak this was described in several ways, including the ISP having high levels of excitement and commitment.

When change was rapid it resulted in not only greater exposure to government, media, and senior leaders from the sectoral partners, but also in the delivery of transformational change to marginalised groups. When the pace was rapid this was articulated as creating disruptive moments which would provoke and engender further change within participating organisations. The participants described how their shared dedication and commitment through hard work to 'keep the narrative going' (4: Private Sector) resulted in maintaining pace. To achieve this entailed making the ISP a priority and delivering what was committed to.

6.5.3 Outcomes (O)

Outcomes for momentum were emotional connectivity, aspiring to sustainability, increased societal awareness, and transformation of world view.

Emotional connectivity (O)

Participants described sustaining momentum at pace with emotive language. During periods of significant momentum, where levels of activity were high, there were positive feelings of happiness and feeling good, of feeling connected, leading to a sense of belonging and increased emotional investment that felt gratifying and led to ongoing enthusiasm that in turn led to persistence in the face of adversity. High levels of activity were also energising due to the lack of partnership politics.

> *I think partly it's an emotional feeling and it feels good to be good, it feels good to be involved, it feels good to be part of something. (3: Private Sector)*

Some participants at times of significant momentum also expressed anger and frustration at wanting the broader community to do more, and others expressed that it was a time of concern which felt quite scary for people, and at times they found it quite fraught being in the midst of a fast pace of momentum.

> *I think that's maybe because we've held the weight on our shoulders ourselves, we've kind of—because we've been so dedicated to it and everybody has been wanting to make it work and keep the narrative going, and we have worked really hard to keep the narrative going, we've worked really hard with government, with ministers, with stakeholders. So people know about it. (3 Private Sector)*

Aspiring to sustainability (O)

An outcome of discussions regarding momentum was a focus on sustainability. Participants raised the issue of sustainability in the context of high levels of momentum, with several participants questioning whether creating momentum is appropriate unless you ensure sustainability.

> *. . . you can have all the momentum you want but if you don't make yourself sustainable, it's almost—it can be quite a destructive outcome. (12: Voluntary Sector)*

Several participants took the view that momentum can be risky and of limited worth if the financial cost of the activities was not sustainable. However, a defining feature of the participants' responses were alternative views that defined sustainability differently within the currency of relationships which continued regardless of financial resources. Shared experiences and shared workload were viewed as contributing to sustainability, and this was described as breaking down barriers between sectors.

> *Yeah, sustainability is quite interesting because it means different things to different people as well. But I think probably in this sense for me it means the lasting impact it can have and the lasting—I mean the work that's going to be done will never end one way or the other. (4:Private Sector)*

Increased societal awareness (O)

Participants described how specific activities which tapped into naturally occurring cultural events influenced awareness raising within the broader society.

> *I think there's something about—I wonder if there's something about the actual name, you know the festival and you've got—but actually having one that's around mental health and the arts is a great thing" (15: Voluntary Sector)*

This was perceived to be spreading partnership ideas and engaging the social consciousness of communities. Some of these events created enough momentum to be high-profile platforms for ISP messages—for example an arts festival, or campaigns around Christmas.

. . . so for example the Christmas Day event, and the club, to be fair the club got massive praise throughout the country, I mean it went nationwide. (14: Private Sector)

This was viewed in turn to further increase momentum by attracting new partners to becoming involved and strengthening and reinforcing ISP narratives.

Transformation of world view (O)

Participants described how their involvement in the ISPs had changed their sense of self, and their interactions with the ISP were transformed, which meant that they were unable to revert to previously held values and beliefs. This was most notable in times of fast-paced momentum. A further example was exposure to the criminal justice intersectoral partnerships, which fundamentally changed health and social care professionals' views. The significant impact of this made it difficult for historical professional-centric views to re-emerge.

I think having not worked in social work before it was quite new to me but very eye opening and it does give you a completely different perspective. (6: Public Sector)

6.6 CMO configurations: ‘safe, secure space’

The challenge of ensuring that safe and secure spaces were available for people with multiple and complex needs, and of maintaining a psychologically safe and secure space for ISP partners to collaborate in, was discussed extensively by all participants. It was clear from participants’ opinions that developing such spaces was an issue that was important at many levels, and across the history of the ISPs.

The CMOs for safe and secure space were:

- Context: the key contexts for safe, secure space were historical perspectives and organisational cultures
- Mechanisms: creating a safe psychological space, creating a safe meeting space and using spaces with ascribed meanings were the key mechanisms.
- Outcomes: outcomes were feeling psychologically safe, having more authentic relationships, and greater reach.

6.6.1 Context (C)

The key contexts for safe, secure space were historical perspectives and organisational cultures.

Organisational cultures (C)

Negative organisational cultures were those of competition rather than collaboration. Participants described a strong feature of some organisational cultures as punitive, leading to defensiveness and reduced learning.

> *I would probably want to hide things that weren't going as well . . . and be much less transparent and therefore just get much less learning from it, because you end up being so much more defensive about it. (11: Public Sector)*

Participants expressed views that coming from different organisational cultures, which had led to fraught relationships in the past, led to questioning the motives of others, and this created a context of not feeling safe. For example, early in the ISP there were suspicions around whether others were being ‘nosy’, whether they wanted funding, and/or whether they were coming with an open or closed mind.

. . . people turn up going, they're either nosy, they want money, they think they're missing out on something. Or they really come with an open mind or they come with a very closed mind because what's going on here, there's some alternative motive. (1: Voluntary Sector)

Historical perspectives (C)

Participants expressed deep-rooted views of not feeling safe within some historical partnerships, and of staying in a historical 'comfort zone'.

. . . none of us like change, or something new. Well, we do. Somewhat. You do, but you know what I mean. But we all have our comfort zones. Now, if you're feeling a wee bit vulnerable, your comfort zones are terribly important. (9: Voluntary Sector)

Historical perspectives led to automatic responses of withholding information and support, defending self and practice, retaining power, and hiding failures from fear of being judged and ultimately inhibited effectiveness. These behaviours and perspectives of feeling unsafe in partnerships were key contextual features being brought to ISPs.

That's another aspect: people have a slightly shifting role sometimes in being part of a partnership. So it's really necessary to overcome those and get to the safe place. You have to sometimes remind people, we're kind of now in a safe place to explore, to offer ideas, to take that heat out again at the front end when you've got lots of partners there for different reasons saying, well, I'm not saying anything today because they might steal my idea. (1: Voluntary Sector)

6.6.2 Mechanisms (M)

Creating a safe psychological space, creating a safe meeting space, and using spaces with ascribed meanings were the key mechanisms.

Creating a safe psychological space (M)

Belonging to the partnership was described by the participants as a 'safe haven', which enabled different approaches and an environment where failure would not be judged:

You can do nothing if a person doesn't feel safe, or at least you have to get as close as you can to that feeling of safety, and some people will never feel safe. (10: Public Sector)

Participants said that they could have conversations with knowledge that they would be listened to, it would not be repeated to others without agreement, and that they would not be judged. This was particularly important if issues were apparent and temporary withdrawal or revision was required of the partnership. Participants also described congruence of ISP values and their own values, which supported a psychologically safe space.

It involves, I think, staff creating a culture where people can trust each other and be prepared to be vulnerable. (18: Public Sector)

Creating a safe meeting space (M)

Participants valued the creation of a safe meeting space for stakeholders to come together on an ongoing basis. The space allowed time to be exposed to each other's views, process these views, feel listened to, and have an emotional response to discussion. This provided a platform for shared learning across sectors in relationship to their role with others and their collaborations.

Understanding that there would be a whole range of views not all of which will actually kind of align or come together. It's about creating a process that allows those different views to be heard. (4: Private Sector)

I do think people . . . in order to contribute you do need to feel safe and valued. Then the spaces, the physical spaces are important for people as well, but I wonder if the—I think you do need to feel psychologically safe. (15: Voluntary Sector)

Using spaces with ascribed meanings (M)

For the physical spaces used, whether using spaces had ascribed meaning or were 'different' spaces was a key mechanism. The participants within GameChanger, where the partnership is focused around a unique space (Easter Road Football Stadium), particularly detailed the meaning already ascribed to the place and how that had had a positive effect in terms of appealing to people to attend activities and events.

> *. . . a football club has a great big building that people almost call home . . . the people who come here feel very much at home; it's kind of their place, it's a place they come to which they see as theirs a lot of the time. (14: Private Sector)*

Participants ascribed an emotional connection to the space due to an event or a time leading to feelings of safety, belonging, and reverence. This was described even if people were not regular attendees at football. The space was known and understood and part of the community, so it was familiar to them. Participants described a 'tribal' day-to-day connection with the space. This leads to connectivity, i.e. a sense of being strongly connected to a place, and through that place being connected to each other.

> *There's a good thing, the whole thing about the space. I would say Summerhall it is also that, that feeling of a safe space. No, not a space—a space people can connect with, and that's why despite all the difficulties and the ups and downs each year of tech not being done on time and rooms changing and everything else. The group still feel that they want to be in that space, and they feel that's where the exhibition belongs and fits, and they feel good about being in that space. (8: Voluntary Sector)*

Similar views were expressed around the spaces used by partners in the Sense of Belonging Arts ISP, with public art spaces such as galleries and exhibitions having emotional meaning to participants and allowing people to express their experiences. Participants were aware of how community spaces could reduce the stigmatising effect of public-sector spaces, where the diagnosis is visible through signage within the space (e.g. "addiction" or "mental health").

> *. . . actually it's a huge change for people to go into a community space that is—doesn't have a glass front and channels [laughs] because people are like scared, screamed off, ticked off . . . where it's like you walk in the front door and there's like one desk for mental health, one desk for addictions, it's the same woman that goes behind the two of them. (8: Voluntary Sector)*

Naturally occurring spaces, it was felt, could reduce the fear and trepidation for people accessing help.

Your environment is all important because that's what dictates and moulds and shapes your behaviour and the way you act and see things. (10: Public Sector)

6.6.3 Outcomes (O)

Outcomes were feeling psychologically safe, having more authentic relationships, and having greater reach.

Feeling psychologically safe (O)

Participants stated that they felt psychologically safe within the ISPs, and that a dependable place had been created which was a nurturing environment. Participants described growing in their confidence within the space and that they took that growth back to other situations. Their increased psychological safety was partly due to being in a space where they were valued, they were taken seriously, and they felt they were somewhere important.

So it's just to find a space where people can continually come into the space and feel, you know, so that we're making sure we've got—that it's a safe space for new people coming in as well. (15: Voluntary Sector)

Authentic relationships (O)

Within a safe and secure space, authentic relationships with other ISP partners facilitated honesty and validation for others' roles within the ISPs, which in turn supported more risks to be taken as there was not a fear of being judged or criticised. Participants said they were genuinely open to working together, and that in valuing other roles within the safe spaces with less powerful sectors they felt they were partners of equal value.

So when you actually meet the organisation and the individuals, it's having to share your understanding, that's when it becomes much easier and—to have that kind of mutual respect and willingness to listen and learn. To see that we do it this way but actually we could do it your way. (2: Public Sector)

Participants described the genuineness of relationships and feeling able to be transparent about issues. Views were expressed that being able to risk exposing yourself and being critiqued in helpful ways was important. Authentic relationships

led to reflective supervision, allowing people a better chance of being able to validate and recognise the importance of each other's roles.

> *For me that is about the genuineness of it and being able to be transparent about, oh, I didn't quite do that, happy for you to give me that criticism. Yeah, this is quite genuine. It's okay. Maybe we accept that sort of stuff from people that we feel are more genuine in relation to us. (11: Public Sector)*

It was felt that this authenticity could then be translated into practical ways, for example feeling safe enough to ask for people's consent to share information. Participants felt that authenticity had to be in the 'DNA of everything we do' (10: Public Sector).

Greater reach (O)

Using different spaces was perceived by participants as enabling them to explore partnerships and relationship interventions with recipients beyond the traditional. An important outcome for the ISPs was being able to create greater reach by utilising known spaces. The ISPs maximise this by making naturally occurring community space available to the partnerships and sharing the space for the benefit of the community through different events and activities of the partnerships. Indeed some events attracted big numbers of the general public unexpectedly. For example, this included health events at a football stadium.

> *When we actually get going this is going to be massive, really, really massive and I believe that sport and the government and other people—because we are collaborating with clubs is a big thing because the next game against Aberdeen we're going to have 20,000 people in the stadium. So it's a big thing and that game will reach quarter of a million people and it will reach probably 100,000 people in the direct vicinity of Edinburgh over the weekend. (3: Private Sector)*

6.7 CMO configurations: “Identity”

The development of an effective intersectoral identity, or how the different ISP actors perceived themselves, their roles, the structures of the partnerships, and how they (re)claimed and celebrated their new identity, were all identified as central by the participants.

The CMOs were:

- Context: the key context for identity was historical perspectives.
- Mechanisms: challenging professional identity and redefining professional and personal identity were the key mechanisms.
- Outcomes: outcomes were increased social capital, different relationship with service users, and clarity of purpose of ISPs.

6.7.1 Context (C)

The key context for identity was historical perspectives.

Historical perspectives (C)

Supportive contextual factors for identity were perspectives focusing on person-centred choices and self-management, recovery, and empowerment. Constraining contextual factors were societal expectations and negative representations of people with multiple and complex needs. There was an understanding from participants that the financial pressures experienced by the public sector had created a very strong push towards a holistic, strengths-based, and preventative paradigm, as opposed to the historically driven paradigm of reactivity, crisis, or punishment.

> *This person might have done something very unpleasant. . . do you want to help them live differently . . . or do you just want to punish them? (7: Public Sector)*

Historically, organisations have labelled people by their behaviours, lifestyle choices, or problems, and that has inhibited the ability of people to move on from that ascribed identity and constrained organisations from responding differently. Participants promoted the view that historical practices focused on reactive and crisis responses were less effective than a preventative approach focusing on the

strengths of a person (whilst recognising there may still be times of crisis). Participants recognised the value of 'stickability' *(7: Public Sector),* manifested through a positive and motivating relationship that recognises that progress isn't linear. Being able to accept that people have aspiration, motivation, and ability to change and live a happy and fulfilled life despite very unpleasant previous behaviours was recognised as a key, necessary attitudinal shift within their organisations' identity. This new perspective led to the organisations having a different identity or being poised to create one.

Participants stated that there can be strong organisational resistance to change. It was viewed that this was not just in the public sector but across all sectors. This was attributed to a paradigm shift from 'outright competition', which detracted from organisations' ultimate goals focused on the common good, to a paradigm focused on partnership.

6.7.2 Mechanisms (M)

Challenging professional identity and redefining professional and personal identity were the key mechanisms within identity.

Challenging professional identity (M)

People coming into the partnerships accepted that their professional identity could be challenged. By using naturally occurring activities (such as art) and the settings in which they are practiced (e.g. a football stadium), the ISPs were inviting and opening up spaces for inclusion. Using different activities, such as art and football, was challenging to professionals who delivered more traditional responses and interventions, e.g. psychological services.

> *But I think also what's also surprising about GameChanger is there's different ways we can impact on people's lives. The play for example, creating a play had an impact on the people who took part in it. It had an impact on the people who performed within the community, who for a week were on a complete high, absolutely loved it and are desperate to do it again. It has an impact on the audiences who came to see it and it made quite a lot of press out in the bigger wider world as well. (14: Private Sector)*

Participants recognised that by entering into the intersectoral space they would be subjugating or challenging elements of their professional identity. The challenging of that identity was necessary to become an authentic intersectoral partner. This was described as a profound experience. For example, stepping out with the military sector and leaving a hierarchical, command-and-control structure to the intersectoral space where fluidity and shifting structures reigned was impactful for that particular individual.

> *That then leads on to a mutual sharing of experience which again, engenders trust, and once you've shared experience . . . that bridge of trust has been created. (9: Voluntary Sector)*

Participants described how the ISP process and ethos, to see beyond the set of problems or behaviours that their clients may be displaying and by considering the context of the person's wider life and lived experiences, may present different solutions for different people. This was described by one participant as a 'really freeing' *(RF: Public Sector)* experience.

> *To get the most out of people as well, because sometimes it's amazing what people can do and make happen. (8: Voluntary Sector)*

Participants described how their own professional identity could blinker them to the possibility that other approaches to helping people with some of these problems was not their sole domain; it challenged the 'default setting' (2: Public Sector) or 'siloed mentality' (4: Private Sector) that their approach was the best way to go.

> *So, realising that there are all sorts of ways of managing some of these problems—doesn't always necessarily—the way we do is best. Learning about what people . . . different agencies do because we haven't really been that aware . . . we don't really know necessarily what works. (2: Public Sector)*

Redefining professional and personal identity (M)

Participants described strong resistance to change by any sector. This was highlighted as a particular challenge to the voluntary sector, which historically has been placed in a position to compete for tenders and contracts rather than to collaborate. One participant described how

It's difficult working with the public sector but actually it can be more difficult working with voluntary organisations at points. Despite the view of charitable organisations ultimately focusing on a common good, the competition between them I think almost detracts from that. (4: Private Sector)

Explanations were given as to how involvement in the ISPs had enabled some participants to have a clarity of focus on what their role could be and the opportunities that they could take through the ISPs to affect people's lives.

But I really like that and I just love this idea of just tweaking around the edges without really interrupting somebody tremendously but just doing something which materially changes a life. (3: Private Sector)

Participants reflected on how the ISPs had shifted or had reinstated the currency given to the importance of relationships and how relationships act as a motivating factor. The ISPs were perceived to give people space to reflect on their practice or to reflect on others' experiences, which in turn influenced their practice.

I think staff create a culture where people can trust each other and be prepared to be vulnerable in that kind of setting so you can—if you're able to do that then you can be open and honest about your role and difficult—it's that reflective supervision bit that you can say I've experienced this and this is what happened to me and this is how I responded. I think if you do that, you're in with a better chance of being able to validate and recognise the importance of each other's roles within that. It's an attitude isn't it? To me, it's about being reflective and being willing to recognise what other people can contribute, along with what you can contribute. (18: Public Sector)

Participants reflected on changes that being part of the ISP had meant not just for their professional role but for their own personal identity. They described how the work of the ISPs had moved them in quite fundamental ways and tapped into their own emotions. This was not viewed as negative but as positive, which enhanced participation in the ISP from their perspective.

It's good to be moved by people sometimes, it really is good to be moved by people . . . sometimes we can fight our own emotions when we should actually just allow our own emotions to be there because it's a positive thing.

I think it broadens your experience; it broadens your depth as a human being. (14: Private Sector)

Yeah, and there's no doubt about it. It has made me feel a better person, and that's a bit selfish, right. You can kind of say, well, you did it to make you feel—but it has made me feel as if I've actually been able to kind of facilitate some change, whether that be a little bit of visibility, whatever it might well be . . . but I know that this stuff really does create change in people's lives. (3: Private Sector)

6.7.3 Outcomes (O)

Outcomes were increased social capital, a different relationship with service users, and clarity of purpose.

Increase in social capital and social cohesion (O)

Participants described opportunities which the ISPs offered to redefine identities for ISP recipients to have new roles and to foster a sense of belonging, for example being an artist, filmmaker, photographer, arts curator, actor, paid peer worker, or paid mentor.

One of the young people seeing herself as a photographer, not just somebody who takes snaps, family snaps. (17: Voluntary Sector)

The creation of new roles, often rooted in public spaces, and the increased exposure of people who in the past have been marginalised was felt by the participants to have contributed to addressing/challenging stigma and discrimination, which in turn increased social capital for individuals and improved social cohesion in and across communities.

So it has a fairly substantial impact and of course there's things were about immigration and tolerance and respect within community and the role that football can play in opening people up to one another. (14: Private Sector)

Different relationship with service users (O)

Participants described how involvement in the ISP often transformed their views about what people were capable of and increased their empathy. It would not only

benefit how you work with people but also how you view yourself in relation to people.

> *So, that's a bit clumsy, but that whole notion about if you can walk in someone else's shoes or if you can experience—open yourself up to other experiences, that would make you enriched by that. (18: Public Sector)*

> *But they were speaking as equal partners and recognising the role they actually—what they were actually able to offer. For me, that's what was different. That was a shift in my thinking about how the—if you like how the Re:D approach was actually working. It was about brokering these kinds of relationships. (18: Public Sector)*

Discussing and acknowledging the quality of relationship between service user and staff member was perceived to be an integral component in the ISPs, and the principle of 'reciprocity' was highlighted by participants as being something they now actively reflected and acted on within their practice.

> *. . . that whole sense of actually we're giving back to the community because it's the community that made us and the community that sustain us. So, I'm thinking in my head, there's an awful lot of other opportunities to engage in a positive way with the private sector, particularly in a capital city, where there's a massive business commerce, commercial arts, all of that is there, but what are we—how are we harnessing that for some of the folk that we want their lives to be better? (17: Voluntary Sector)*

Clarity of purpose (O)

Participants described how complex concepts embedded within the ISPs through naming of ISPs translated into a recognisable "brand", inclusive of "strapline", which encapsulated the identity of the ISP and fostered a clarity of purpose.

> *That was definitely a positive. It had an identity. People got it. They knew what it was about. They understand. They could see the potential benefit. I think everyone—I think all the partnerships benefitted from that. (18: Public Sector)*

Participants described how it felt that forming or joining an ISP could not be mandated, as the identity was formulated together by ISP partners, and that in turn informed identity and purpose.

> *I think all the things that we've just talked about, particularly this safe, the motivation or trigger, the sense of belonging and the validation, you wouldn't, in fact, we didn't get any of them when ISP or partnerships are mandated. You won't get any of those things. (1: Voluntary Sector)*

> *Yeah, that identity. If you see it every day you start to feel part of it and you start to talk about that identity rather than the partnership with 14 partners that's trying to do X, Y, and Z. People recognise the identity. (5: Public Sector)*

6.8 CMO configurations: “Narrative”

Narrative, or how the ISPs created a foundational story of the partnership and had a firm foundation amongst the different partners of what the objectives and benefits of the partnership were, was identified as central by the participants.

The CMOs were:

- Context: the key contexts for narrative were policy, social determinates, and historical perspectives.
- Mechanisms: establishing shared values, creating appeal and seeing all perspectives as valid were the key mechanisms.
- Outcomes: outcomes were authenticity of relationships and decision making, commitment to ISP and fluidity of relationship.

6.8.1 Context (C)

The key contexts for narrative were policy, social determinants, and historical perspectives.

Policy (C)

Participants viewed ISPs as broadly in accord with policy directives, which recognised that multi-agency and cross-sectoral working were required to deliver on long-standing challenges. There was acknowledgement that actors across policy and academic spheres had commitment and capacity to work together and support innovation within statutory organisations. This reflected policies, priorities, and imperatives which were influenced by electoral cycles both at the local and national government level. This was described as interruptive and disruptive to working with people with multiple and complex needs, which required long-term commitment and focus on sustainability and implementation.

> *Yeah, I think—this is all my personal [laughs] point of view. But ultimately there's a kind of assumption that once the policy has been passed or legislation has been passed then that's the job done. People will just know that, know the policy and they'll implement it in the way that it was intended. Whereas everybody's still doing their own jobs. They're still working flat out to deliver what they have to deliver now. So to assume or expect them to understand what has been done at government level and be able to*

implement that, when it has fundamental impacts on the way that they do their job, I think is potentially naïve and there needs to be a level of support in place to support that. (4: Private Sector)

Complexity in initiating or being responsive to change within large institutions and over complicated systems and processes was considered to be disabling to the ISPs. Such issues were a source of frustration for partners outside the public sector who conceptualised this as obstructive, impeding, and stifling development.

. . . it's like in this day and age why do we need to make it so hard? (3: Private Sector)

Social determinants (C)

There was strong acknowledgement and frustration that there was a significant body of knowledge and research on the social determinants which contribute to health inequalities, but that knowledge was not being effectively utilised and acted upon to resolve some of the issues.

. . . we'll never help resolve some of these issues for people if we don't take into account poverty and inequality. That is not saying that everybody that's poor and everybody that's at the poorest end, economically, of society are people that are going to offend or have drug and alcohol problems. But what I am saying is that if you already are vulnerable through your upbringing—and you can bring another helpful construct to bear through ACEs[1] all the recent research on ACEs. So if you're somebody that's already vulnerable because you've had these adverse childhood experiences, if you overlay that with poverty, with lack of income, with lack of opportunity—you hear these stories of kids who have been brought up within two or three miles of the coast and they've never seen the sea. (7: Public Sector)

[1] Adverse childhood experience

Historical perspectives (C)

There were multiple historical perspectives shared by participants which profoundly (negatively) affected the generation of positive narratives.

> *You can look at—we're in 2018 at the minute and you can look at Leith in the same area and think, have we not learned anything? (3: Private Sector)*

Examples included immigrant populations being excluded, offender populations being punished rather than rehabilitated, lack of attention to gender-specific needs, and misuse of alcohol contributing to social problems. Activities which increased social capital such as arts and football were cited as naturally occurring, uniting of communities, and leading to alleviation of social problems.

Participants discussed how societal attitudes continue to exclude and discriminate against people who have offended, or who have addiction problems or mental health problems and how traditional service responses still focused on changing the behaviour of individuals rather than focusing on what societal conditions contributed to continuing exclusion across generations.

> *You think, well, that was exactly the same 150 years ago. What has changed? We're almost repeating ourselves. Our club was created in 1875 in order to bring at that particular point young Irish—to give young Irish men a focal point and a purpose. To effectively keep them healthy, integrate them in the community. (3: Private Sector)*

> *We could have a long debate about why they've reached the point they have where they're just not going to change, but I genuinely think—I do have an optimistic outlook on human behaviour despite what—sometimes what we see on a day-to-day basis, nationally and internationally, that—and it's a difficult one because you have to be careful when you introduce—which I would, which I would always do, is say that we'll never help resolve some of these issues for people if we don't take into account poverty and inequality. (7: Public Sector)*

6.8.2 Mechanisms (M)

Mechanisms that generated narrative were establishing shared values, creating appeal, building credibility, and seeing all perspectives as valid.

Establishing shared values (M)

Having shared values was an essential feature of the ISPs' effectiveness. This was introduced as part of the initial contact to the ISP. Participants described how the initial invitation to an ISP set the stage for a different conversation which entailed discussion about values and attitudes. They described how as part of the early process they were asked to consider and debate a set of shared values.

> *Then I'd say we've pretty much got shared values, which is really important. In a sense there doesn't need to be loads happening all the time, you can come and go a bit, but at the end of the day you've got these things that you shared that mean you can come back together. (16: Voluntary Sector)*

Participants acknowledged that they were bringing their own values to the ISP, but for an ISP to function a set of shared values needed to be developed and owned by the ISP participants

> *I think from the outset there was a very clear proposal with quite a clear description of what was expected and intended, and the likely outcomes and benefits. So, that was then really quite easy to support. . . . it would be difficult to see why we wouldn't support it. (18: Public Sector)*

The mechanism of establishing shared values entailed people being honest and transparent about their personal or organisational values, imperatives, and agendas. This was described by some participants as difficult, as it challenged their world view.

The shared values were not tokenistic statements but drove decision making of the ISP. For example, one partner organisation within one ISP, even though its funding was precarious, accepted that it wasn't the right partner to deliver an intervention for mentoring people as its model did not include relevant mentors. As the values of the ISPs recognised that lived experience needed to inform delivery, this necessarily excluded the potential ISP partner.

. . . just a few years ago, and that's to the credit of both of those individuals and the organisations that they represent, that they have created that project and I think it sends really positive messages to lots of people that if they can do it anybody can. (17:Voluntary Sector)

Creating appeal (M)

Creating appeal was described by participants as stimulating curiosity through using novel and different approaches to traditional issues. These examples included using public figures who were perceived as "heroes", being in different spaces to discuss ideas not routinely associated with that space, and the use of a creative medium to convey information and provoke discussion, e.g. drama and the spoken word.

It's just like it's bonkers. Our own experience with 106 kids or whatever it was who had trouble managing their diabetes, was that they weren't going to listen to clinicians but they listened to a football player. Go figure, go figure, you know. (14: Private Sector)

Yes I do, I think it's a genuinely inspiring thing. . . . The good thing about GameChanger is it is different so it has to stay different. (14: Private Sector)

Seeing all perspectives as valid (M)

The fundamental starting point of the narrative for all the ISPs was about intersectoral solutions to improve the outcomes for marginalised populations. This led to a conclusion that no one would be marginalised within the ISP, and therefore it was critical that all perspectives were seen as valid.

In a respectful organisation that values its clients for who they are regardless of what they are or what they've got, that should never occur. That's where serving to lead comes in. (12: Voluntary Sector)

The ISPs facilitated participants' gaining a wider understanding of different perspectives through dialogue. Seeing all perspectives as valid did not necessarily entail agreeing with the stated position of others; participants described how at times this led to conflict but that it was mitigated through the mechanism of creating shared values.

But actually, it's a really, really enjoyable thing because it's stimulating, it's interesting, it's challenging, it forces you to think in different ways, for all those reasons. That can also be threatening and all the rest of it. I find that enjoyable. Also in terms of learning, I think it's much, much harder than people actually think it is. (18: Public Sector)

Participants discussed how the ISPs viewed people regardless of their role, living circumstances, or health status as having something to contribute. They described how this served to equalize and level out roles, which created a sense of belonging.

I think it's also, it kind of normalises it in a sense. We're not labelling or pigeonholing people. It's something that everybody can identify with. Whether you're—at whatever level you're involved. Whether you're involved as a service user or as a head of service or as a partner, we all, I think—we know what that means, to have a sense of belonging. (17: Voluntary Sector)

6.8.3 Outcomes (O)

The outcomes were authenticity of relationships and decision making, commitment to ISPs, and fluidity of relationships.

Authenticity of relationships and decision making (O)

The process of building a shared narrative led to authenticity of relationships and decision making. Participants described the manifestation of authentic relationships as not just being enacted within the domain of the ISPs but permeating into other spheres.

They understand again that perhaps in the future they would be competitors and that's okay too. Because that's life. But actually, they might be more likely, and they've told us this, voluntary sector partners, they would be more likely to go to the people they trust, the people who can reassure them that they would—they meet [their] values and, you know, ways of working that they adhere to and deliver that quality assurance for them. They would more likely ask them to work with them in the future than they would have previously. So, there's a legacy. (1: Voluntary Sector)

The group of ISP staff have gone through the process of establishing a shared set of understandings, and whilst this is difficult it results in understanding differences,

which leads to authentic relationships. The authenticity is generated through honesty and transparency, which are processed through the mechanisms.

Due to the strong narrative the ISPs offered opportunities which created the conditions for more authentic relationships to be built and defined roles for the ISP recipients to step into.

Commitment to ISP (O)

Participants described how a clear, structured narrative defining expected and intended outcomes enabled senior staff to engage in and support the ISP as they recognised the ISP as being an innovative solution to organisational challenges.

> *. . . there was a very clear proposal with quite a clear description of what was expected and intended, and the likely outcomes and benefits. So, that was then really quite easy to support. So, you can see why execs and non-execs would say, actually, there's something—a great idea. The devil is in the detail but this sounds like something that it would be difficult to see why we wouldn't support it. So, I think, it was very important, yeah. (2: Public Sector)*

Participants described how their personal immersion and experience in developing the narrative led to a sense of belonging to the ISP with a commitment to champion and advocate not just for the ISPs but to transmit that transformative experience to other situations.

> *I don't think they'll ever really replicate exactly what we've got but they will certainly I think take some of those principles with them and maybe try and make improvements where they are. (3: Private Sector)*

Fluidity of relationship (O)

Participants described how the narrative had engendered a sense of commitment and connectivity that could be maintained regardless of the level of activity within the ISP or their visibility within the ISP. This permission to be absent, without judgement or questioning of commitment, enabled people to re-engage easily.

> *Then I'd say we've pretty much got shared values, which is really important. In a sense there doesn't need to be loads happening all the time, you can come and go a bit, but at the end of the day you've got these things that you*

shared that mean you can come back together. It doesn't feel—it's just the way it is. Whereas you can have other things and it's boom, boom, month after month. (16: Voluntary Sector).

6.9 CMO configurations: “Power”

The nature of power and how this was dealt with was foundational to the development of effective ISPs. Participants frequently identified issues around personal and organisational power, both within the interplay and dynamics of the partnership and the power status they perceived their role or organisation to have external to the partnership and internally within the partnership.

The CMOs were:

- Context: the key contexts for power were historical perspectives, organisational culture and social determinants of health
- Mechanisms: talking about power and understanding power were the key mechanisms.
- Outcomes: outcomes were power sharing and power shifting.

6.9.1 Context (C)

The key contexts for power were historical perspectives, organisational culture, and social determinants of health.

Historical perspectives (C)

The contrast between institutional power conferred by legislation or policy such as that residing with the NHS, the armed services, and the police, contrasting with the low perceived power of third-sector agencies, whose power was perceived to be curtailed due to funding insecurity and the need to compete rather than collaborate with other third-sector agencies, was striking.

> *. . . coming into these situations with historical kind of power imbalances as well as ones that are happening now. (15: Voluntary Sector).*

The position of the traditional power dynamic was described as a legacy borne by the public agencies, particularly in relation to the NHS, which was viewed as being accorded a privileged position due to policy directives such as “no staff redundancy” policies.

There was stratification with the role of nurses and doctors within health service as frequently positioned at a higher level as other staff groups. The private sector was perceived as being outside of the public/voluntary sector power dichotomy, as it was

viewed as exerting its own power for financial capital. The voluntary sector was viewed as having slightly more power than service users, who were viewed as being the least powerful. Without explicit recognition of these inequalities of power there was concern that the ISPs would simply sustain and proliferate historical dynamics.

There were also perspectives shared that many organisations first and foremost would protect their own organisational power before considering doing cooperative and collaborative work which may involve power sharing. This perspective led to people being viewed as defensive of their own turf.

> *Their first priority is sustaining their own organisation and that often becomes before the beneficiaries which is a shame but it's understandable, but it comes a long way before even considering doing cooperative and collaborative work with other organisations because they are so defensive of their own turf. (12: Voluntary Sector)*

Organisational culture (C)

The different organisational cultures and the organisational cultures stance on power was described as being defined by the organisation's status as either public sector (high) or voluntary sector (low). Performance management, exemplified by target setting by government agencies directed at public-sector agencies, was described as being a direct hierarchical statement of power to organisations. This led to staff outside the public sector feeling diminished.

> *We wait to be—we wait to take direction from others, the other partners, it doesn't feel like we can be very influential. (8: Voluntary Sector)*

Participants viewed reward and practice as motivating factors to allow the workforce to be empowered. There was tension between a performance-driven culture exemplified by targets applied to the NHS and a culture which was supportive and enabling of staff feeling they could be responsive to clients' needs and moving at a pace defined by clients.

Social determinants of health (C)

The nature of the client groups serviced by the ISPs was a key aspect of context. Specifically, the interrelated and deep-seated nature of the social determinants of health underpinned the lives and experiences of people with multiple and complex

needs. A key factor was that the ISPs offered an opportunity to deconstruct traditional hierarchies of knowledge where professional knowledge is positioned as high value and people's lived experience is positioned as low. Lack of recognition of the impact of basic rights such as housing not being met and the effect of that on individuals' ability to engage in the ISPs was discussed by participants.

> *For me, you can understand how your brain is going to impact on your behaviour, but if you're living in a really shitty place with no support with, you know, a lot going on in your life for whatever different reason, actually, understanding how your brain works is not really going to help you that much. Or it has its limitations and I think that's the—that's where the power imbalances are not being recognised. (17: Voluntary Sector)*

Participants felt that simply having service user involvement in the ISPs was not enough to shift the power imbalance. It needed to be acknowledged that service users were experts and by listening to service users' experiences this would strengthen the ISPs. Participants were arguing for an analysis of service user power so that their involvement was not tokenistic.

> *. . . without an analysis of power or neoliberalism . . . then service user involvement is being co-opted. If you don't unpick some of that power stuff, then you're just replicating the same stuff. (15: Voluntary Sector).*

Participants stated that one means of ensuring power balance could be through collective advocacy[2]. Collective advocacy being embedded in the ISPs would enable more attention being focused upon the structural inequalities, which would in turn generate novel and unexpected solutions and ideas for change.

> *The role of individuals who access services is really important in that as well. I think there's probably more that can be done in intersectoral partnership to build that in. Because that's actually the hardest bit and it's the bit that seems easiest to ignore if you want to. (4: Private Sector)*

[2] *"Collective advocacy enables a peer group of people, as well as a wider community with shared interests, to represent their views, and experiences". (Scottish Independent Advocacy Alliance 2014)*

6.9.2 Mechanisms (M)

Talking about power and understanding power were the key mechanisms.

Talking about power (M)

Participants expressed that unless the conversation on power is explicit and overt, ISP staff remained rooted in traditional roles and responses which resulted in “more of the same” interventions which did not meet the objectives of improving provision for people with multiple and complex needs. The creation of a space for acknowledgement and discussion around power positioned the ISP as a place where all voices could be heard. ISPs were also viewed as not pretending that power imbalances don’t exist.

> *If we just try and pretend that everybody's equal it doesn't really—I don't know, it's never going to work. (15: Voluntary Sector)*

The explicit recognition of power in itself signified the potential for shift in power.

> *I think sometimes it can be helpful to be explicit about the power relationships because then it makes it clear, it can be easy to feel like you’re not on the same footing as everyone else. I mean unless it’s explicitly said that you are, and unless it’s explicitly laid out about who’s got the power to do what. Okay this group’s taking the lead on this, but this group’s taking the lead on that bit, then everyone is clear that that power is meant to be shared if you know what I mean. (8: Voluntary Sector)*

Talking about power offset the risk that the ISPs would perpetuate historical silos rather than challenging traditional power structures. Power had to be named and discussed for individuals to feel involved and heard.

> *. . . if you feel your voice isn't being heard or you're not really contributing anything valuable or your contribution isn't making a difference, why would you keep coming? So if you're being heard and there is elements of power sharing and all of that I think that does absolutely help. (13: Voluntary Sector)*

Understanding power (M)

Understanding power within the ISPs was multifactorial: it entailed an understanding that power was not absolute and could move between sectors as appropriate and recognition that power could be misused or abused. Both these elements were important to be understood by the ISP staff in order for the ISP to be optimally effective:

> *That's because individuals are rightly acknowledged as the experts in certain areas. (17: Voluntary Sector).*

Participants discussed their understanding of power and power sharing from different perspectives, both within the interplay and dynamics of the partnership and the power status they perceived their role or organisation to have external to the partnership. Viewing power as relative was a feature of the ISPs. Participants expressed views that viewing power as an entity that was not predetermined or absolute was found to be helpful to understand that there was a potential for power to shift within the ISP. Power was earned by visibility, showing that a sector or organisation or person displays that they have the best knowledge to hold the power.

There was frustration expressed regarding people who have been historically ascribed power and who were not using it, not prepared to share it, and actively misusing it to belittle, chastise, or punish.

> *Targets are punitive and they don't work. Because people don't work well with a punishing regime. Whereas look what happens when you reward and you praise, actually people start flourishing and you get more from people in the system. (5: Public Sector).*

6.9.3 Outcomes (O)

Outcomes were power sharing and power shifting.

Power sharing (O)

Discussions around power sharing were focused around respecting others' roles and expertise, and allowing that to drive the sharing of power rather than retaining inherent power that partners may have brought to the ISP. Participants were promoting specific individuals to lead on work relevant to their area of expertise, supporting the ISPs to accept the outcomes of the work. It was important for the

ISPs to explicitly recognise that shifts in power inclusive of redefining roles and simultaneously validating pre-existing roles.

> *ISPs can make a difference in that respect to the power sharing because you have to let go of things sometimes. There's an acknowledgement of actually I don't have all the answers and neither do you and that's both within sectors and across. (5: Public Sector)*

Power shifting (O)

Some participants reflected on how their relationships and experiences within the ISPs contrasted starkly with the relationships and experiences they had experienced with other sectors prior to entering the ISP. Within an ISP, different sectors were perceived as working alongside each other, exemplified by quick referrals between sectors and demonstrating a shift in power from health to the third sector.

> *For the staff team at Rivers to be working alongside and then say something's starting to go wrong for somebody again . . . to be able to quickly go and access that resource of psychological support for somebody. That's not happened in my working life, normally we can't do that. (13: Voluntary Sector)*

6.10 Summary

Eighteen interviews were completed with various individuals involved in the provision of ISPs for people with complex and multiple needs. Using a realist framework, aspects of context, mechanism, and outcome were identified and narrated thematically. Below is a summary of key findings from this aspect of the thesis, by theme.

Momentum: Emotional connectivity, aspiring to sustainability, increased societal awareness, and transformed world view were the main outcomes associated with momentum. Desire for change and pace of change were the key mechanisms driving outcomes. There was recognition that this was not always a steady incremental flow but context dependent. The main contextual factor was organisational culture.

Space: Increased psychological safety, authentic relationships, and greater reach were the main outcome domains. The key driving mechanisms related to ISPs' partners creating a safe psychological space, a safe meeting space, and using places with ascribed meaning. The main contextual factors were related to historical perspectives and organisational culture.

Identity: Contextual factors for ISP identity were the historical perspectives of people with multiple and complex needs. The key driving mechanisms were challenging identity and redefining identity. Increased social capital and different relationships with ISP recipients were the main outcomes.

Narrative: Contextual factors for narrative were policy, social determinants of health, and historical perspectives. The mechanisms driving outcome within narrative were establishing shared values, creating appeal, and seeing all perspectives as valid. The outcomes were authenticity of relationships and decision making, commitment to ISPs, and fluidity of relationships.

Power: Key contextual factors were historical perspectives, organisational culture, and social determinants of health. The mechanisms were talking about power and understanding power. Power sharing and power shifting were identified as the main outcomes.

7 Discussion

The development of intersectoral partnerships to provide interventions and services for people with multiple and complex needs is a key priority within health and social care policy and practice. Understanding how to provide help and support for the most vulnerable people is crucial to preventing and addressing barriers to their full involvement in society (Umberson et al. 2010; Fitzpatrick et al. 2014). Evaluating the evidence base for interventions for people with complex and multiple needs is complicated by several factors. Historically (and currently) interventions tend to be focused on a diagnosis, behaviours, or for a particular age range. The current research investigated ISPs focused on improving health, well-being, and opportunities for people with multiple and complex needs in Edinburgh and the Lothians. These different partnerships included a number of different providers, providing a range of supports and interventions for individuals. The current research used qualitative methods to develop a programme theory of effective intersectoral partnership based on ISPs within Edinburgh and the Lothians. Qualitative data were gathered from 18 key informants from 6 Edinburgh and Lothian-based ISPs and analysed from a realist (CMO) perspective. The study was focused on the aims and research questions below.

Aims

- This research used a critical inquiry and realist-informed approach to qualitatively explore ISPs deployed in Lothian.
- The research developed a programme theory for the development of future ISPs.

Research questions

- What were the mechanisms that drove ISPs in Lothian?
- What were the contextual factors that impacted on the ISPs?
- How did the mechanisms and contexts interact?

The purpose of the following chapter is to discuss findings from the current study within the context of existing research, policy, and practice. Covering:

- Contextual factors influencing ISP development.
- “Spaces” of ISP development identified in the study.
- Mechanism, context, and outcomes by theme.
- Implications of the research for policy, practice and research
- How all of the above contributed to a review of the programme theory, which will now be referred to as the Incite model (described in this chapter).

7.1 Context

Social determinants

The findings of this study in relation to people's understanding of impact of the social determinants of health on people's health and well-being are not novel and reflect decades of research (Marmot 2010; Marmot 2015; Wilkinson and Pickett 2018). The findings accord with the growing body of international data which demonstrates that people at the same level of income will have lower mortality if they are more, rather than less, equal in status to others (Wilkinson and Pickett 2010, 2018). Current debates are concerned about the social determinants of health and the impact of low social status on identity, shame, and social relationships (Wilkinson 1996; Rogers and Pilgrim 2003; Friedl 2009; Friedl 2013). The findings of this study found that these ideas of social determinants were particularly relevant to the way the context was described by participants in relation to power and narrative.

Policy

The policy context in relation to the aspirations of improving health and well-being in Scotland was well understood by participants in this study. However, frustrations were expressed by participants that the policy narrative was still responded to with traditional service responses and silo working despite the rich policy landscape describing enablement, empowerment, and recovery (Scottish Government 2016; Scottish Government 2017; Scottish Government 2018; Scottish Government 2018a; Scottish Government 2018c; Scottish Government 2018d; Scottish Government 2018f) with legislative levers such as self-directed support and community empowerment legislation which could unlock more effective service responses. Participants within this study described a disconnect between policy intent and policy enactment.

Organisational culture

Participants expressed views of how prevailing organisational cultures were part of the reason why momentum was hampered or constrained. Silo working (Trickett and Beehler 2013; Cook 2015) was viewed as still prevalent, and whilst policy and legislative directives, such as the integration of health and social care, were seen as potential enablers, the experience to date of participants was that too much attention was still being paid to structures and processes which caused uncertainty and

competition. This was particularly relevant to how participants described context in relation to safe spaces and power. The policy intent of simplifying access and decluttering the landscape (Christie 2011; Gunn and Durkin 2017) to improve responses for people who required help and support was viewed by participants as not being realised and affecting the context in relation to momentum. These contextual issues are in accordance with the most recent findings of the Audit Commission (Accounts Commission 2018), but this current study's findings enhance our understanding of the mechanisms necessary to counteract these contextual impediments.

Historical perspectives

This current study found that the impact of historical perspectives prevailed as a constraining contextual factor and served to continue to perpetuate social injuries associated with inequalities across narrative, power, safe secure spaces, and identity themes. This accorded with the wider literature on 'othering' (Lister 2003; Lister 2004), which is a process of differentiation and demarcation by which the line is drawn between us and them, between the more and the less powerful, and through which social distance is established, maintained, and manifested—for example, traditional services responses to people with multiple and complex needs. This current study adds important insights into how the practices of othering can be challenged and transformed through the mechanism of identity which enables an increase in social capital and social cohesion.

Othering produces difference and problematizes in the sense that the group which is othered is reduced to stereotypical characters that are ultimately dehumanized (Lister 2004; Ridde and Ziebland, 2006; Rapp 2007; Rajan-Rankin 2014). The researcher was mindful of not replicating the conditions for othering through the ISPs. This has led to identifying a priority recommendation for further research with the beneficiaries of the ISPs. This will focus on the beneficiaries' experiences, paying particular attention to the central role in constituting and constructing identity (Lacan 1977), and will explore the notion of interpellation (Althusser 1971), a notion grasping how individuals are corralled by ideology to occupy specific subject positions.

Overall, the context described by participants in the study was already well described in the literature. However, this current study identified how these contexts were specifically influential in particular mechanisms, with historical perspectives being the most influential aspect of context across the five themes Momentum, Identity, Safe and secure spaces, Narrative and Power.

7.2 Invite, create, enact

Three development phases were identified in the data. These were characterised as distinct “spaces” in which partners engaged: the “invite” space, the “create” space, and the “enactment” space.

These spaces are not completely novel findings, as other authors (Bourdieu 1977; Cornwall 2002; McGhee 2004; Cornwell and Schatten; Coelho 2006; Curtis 2010) have identified stages and phases of partnership development. However, the current study adds further detail regarding ISPs in Edinburgh and the Lothians, which sheds light on how similar ISPs may be developed in future.

For each of the ISPs included in the current research, the beginning was signalled by an invitation to attend an event. McGhee (2004) described such introductory stages as “policy spaces” where citizens and policymakers may come together and sometimes signify transformative potential. In the current study, the participants described being invited to attend an event which signalled a beginning with the subject framed in such a way as to invoke curiosity, or the event was held in a place which already had inscribed meaning. This contrasted with the “organic” spaces that Cornwall (2002) described, which emerged from a set of common concerns or identifications which may come into being as a result of popular mobilisation, such as around identity or issue-based concerns, or may consist of spaces in which like-minded people join together in common pursuits (Cornwall 2002). Cornwall stated that expanding democratic engagement called for more than just an invitation to participate (Cornwall and Schatten Coelho 2004). This current study found that establishing an initial welcoming space, which evoked curiosity and built upon this curiosity by using different and novel approaches in the invite space (e.g. use of drama and film) resulted in people coming together with a sense of shared inquiry and desire for action.

It was within the “create” space that the importance of acknowledging a plurality of discursive styles was explored by this study’s participants. Much has been written about how simply creating spaces does little to rid them of the dispositions participants may bring into them or how professionals valued for their expertise in one context may be unwilling to countenance the validity or value of alternative knowledge or practices in another (Bourdieu 1986; Lefebvre 1991; Soja, 2009) The current study supports these findings and adds further insights into how using the

create space to explicitly acknowledge power relations was a key feature of the space. The create space allowed for discourses of participation which were not singular, fixed, sets of ideas, or prescriptions, but rather configurations of strategies and practices that were played out on shifting ground; this led to people remaining engaged. By acknowledging that there are spaces of overt or tacit domination which could silence or deny certain actors (Gaventa 2005a), the create space of the ISPs subverted and addressed tensions. This study's findings add to this body of knowledge (Lefebvre 1991; Johansson 2004; Soja 2009) that creative spaces are a necessary feature to enable innovation to occur.

All the ISPs within this study were focused on improving outcomes for people with multiple and complex needs. For people with multiple and complex needs who may be subject to discrimination and exclusion from mainstream society, the experience of entering a participatory space can be extremely intimidating (Friere 1973; Mcadams 2006). How they talk and what they talk about may be perceived by professionals as incoherent or irrelevant (Garland et al. 2008; Garoian and Gaudelius 2008). Their participation may be viewed by the powerful as chaotic, disruptive, and unproductive (Young 2001). Acquiring the means to participate equally demands processes of education and mobilisation that can enhance the skills and confidence of marginalised and excluded groups, enabling them to interact and engage in participatory arenas (Mayoux 2003; Porr et al. 2012; Lambert 2103: Leverentz 2014; Stone et al. 2014).

From this study data it became apparent that ensuring that the lived experiences of people with multiple and complex needs was a central feature of all the ISP spaces. This helped to mitigate against the ISPs simply replicating paternalistic approaches or prejudice (Cornwall and Scahtten Coelho 2004; Carroll et al. 2012; Fitzpatrick et al. 2014). The legitimacy of this interpretation is supported by the wider literature, which details how participatory institutions are also spaces for creating citizenship, where citizens can acquire skills that can be transferred to other, less discriminatory spheres (Cornwall et al. 2003; Trickett et al. 2011; Trickett and Beehler 2013). This current study supports this notion and adds further detail on how the space and/or the medium chosen can increase the ability of people to exercise their agency by first recognising themselves as citizens rather than by seeing themselves as beneficiaries or clients (Rowe and Raco 2007; Bromage et al. 2017; Rowe and Davidson, 2017; Ponce and Rowe 2018). This relates to the study's findings on

creating different relationships with service users, which was an outcome of the redefining professional and personal identity mechanism.

The “enactment” space was identified by participants as moving and switching from ideas and discussion to doing and enacting activities and interventions. One aspect of the enactment space was that other actors could join, as there were visible initiatives and concrete actions which people could see and associate with. The findings highlighted that new actors entered into the enactment space who may not have participated in the initial create space, and there needed therefore to be attention and awareness paid to this. Other research has also identified that different power relations (Cornwall 2002; Brown and Pickerall 2009; Best et al. 2010; Best and Williams, 2018) may develop or emerge as partnership activities increase or spread.

The data from the study indicated that within the Incite model a space to formulate or reformulate may be required in which new ISP participants or existing participants could recalibrate with the ISP narrative, power, and identity mechanisms.

The understandings and interpretations reached by the researcher through this study are reflected in the wider literature relating to the concept of “third space” (Foucault 1991; Lefebvre 1991; Bhabha 1996; Soja 1996; Soja 2009). Third space is a purposefully tentative and flexible term that attempts to capture what is a constantly “shifting and changing milieu of ideas, events, appearances, and meanings” (Soja 1996, p. 2). The spaces identified by the participants in the current study—invite, create, and enact—can all be defined as this third space, whereby spaces function both as places of withdrawal and re-groupment and places for agitational activities directed toward wider publics (Fraser 1990, p. 124), where social actors reject hegemonic spaces (Gramsci 1995) and create spaces for themselves (Soja 1996). The present study adds to the understanding that creating shared places where people can be attentive and open with one another will help encourage mutual responsibility for the quality of ‘our lives together’ (Fielding 2004, p.204) The creation of these specific spaces is not about displacing the supra-personal virtues of the public realm with the personal intimacy of the private realm (Noddings 1999; Fielding 2004; Neale et al. 2014) but about ensuring that the partnership activities are informed by and committed to our care for each other as citizens, not solely as providers and beneficiaries (Bromage et al. 2017; Rowe and Davidson, 2017).

This section has discussed the results in relation to the identified spaces which emerged from this study. The following sections will present the results related to the main themes identified in the study.

7.3 Discussion of main themes identified in the study

7.3.1 Momentum

The ISPs in the current research had all developed a certain momentum, that is, a pace of change which was effective, self-sustaining, and helping to achieve outcomes. Such momentum is a feature of other research; however, it is conceptualised in different ways and is often related simply to time taken. Whilst Herens et al. (2017) identified that taking time to mobilise different parties and informal networks was a key success factor, the current study of Lothian ISPs found that it was desire for change and pace of change which were the mechanisms triggering outcomes. This accords with Cheyne et al. (2013), who defined commitment as a strong driver for change.

A notion shared by this study's participants was the importance of challenging inertia, driven by feelings around the unacceptability of continued marginalisation of people due to their health, income, or social status. There was recognition that momentum was not always a steady incremental flow of activity—that it could ebb or flow, but not cease. Momentum was interrelated with the narratives of the ISPs, which focused on quick wins (Kotter 1996) and doing things (Kotter and Rathberger 2006) which would make a difference (see narrative section). Momentum was also influenced by external events which could be useful hooks (Rees et al. 2011; Lambert 2013) to ensure quick wins (for example, a campaign to make Edinburgh the "kindest" city at Christmas), which in turn increased the pace of change (Chandra et al. 2013; Cameron et al. 2014).

Having a desire for change and engaging with change at pace resulted in outcomes of emotional connectivity and transformed world view and different understandings of the idea of sustainability. Previous research has focused mainly on the outcome of sustainability as being mainstreaming activities within core organisational business (Dickinson and Glasby 2010; Petch et al. 2013) and this being the fundamental outcome of partnership success (Sinclair 2011; Willis and Jeffares 2012; Kirst et al. 2017). However, current research studies have taken a broader perspective and produced a fresh portrayal of sustainability (over and above ideas of sustainability meaning mainstreaming). The findings of this study demonstrate that the included ISPs were operating at the 'edge of chaos' (Lewin 2001 p. 14) enabling new patterns of organisation and delivery to become 'the new mainstream'

(Erickson and Andrews 2011; Kirst et al. 2017). The different ISPs were positioning themselves as sustainable due to innovation and development of new relationships. It was felt by the study participants that if the ISPs were seen to be innovative, they had to build strong partnerships and be achieving outcomes, and then the work would have momentum to continue, i.e. be sustainable. This is characterised by the analysis which indicated that an intermediate outcome of the momentum theme was increased societal awareness.

From the collected data, it became apparent that transformation (of self and views) was a key outcome of momentum. It was identified that transformation of world view, whereby engaging with an ISP had changed participants' beliefs and sense of self, meant that they were unable to revert to previously held values and beliefs. This was described in rich metaphors by participants, with one participant explaining how he 'couldn't draw the bridge back up' (14: Private Sector) and revert to a previous incarnation following his ISP involvement. In other research, collaborative working has been described as transformative (Cheyne et al. 2013; Kirst et al. 2017). Previous authors have also described that people and organisations change when they are exposed to partners with different assumptions and methods of working (Wand et al. 2010; New Economics Foundation 2012). Partnership has also been described as a process through which stakeholders see different aspects of a problem and can therefore constructively explore differences and search for solutions that go beyond their own (potentially limited) version of what is possible (Gray 1998; Herens, et al. 2017). Boydell and Rugkasa (2007) described how participants in partnerships encountered '"aha" experiences and light bulbs going on', leading to transformation (Boydell and Rugkasa 2007 p.218). The current research is in accordance with these notions. Participants identified that emotional connectivity (feeling good, feeling connected, and sense of belonging) and increased emotional investment led to enthusiasm and persistence in the face of adversity. For the participants, these emotional aspects were key in driving the success of ISPs.

Evans and Killoran (2010) discussed how organisational readiness of partners to engage in inter-agency working was influential in defining the extent and pace of progress (i.e. momentum). Evans and Killoran's work particularly highlights the limiting effects of statutory services that are slow to respond and difficult to engage (Evans and Killoran 2010). This contrasted with the current study's findings, that

when organisations entered into the ISP they instead produced the pace of change, informed by the narrative of the ISP, rather than working to the pace of the slowest organisations, such as the NHS. This is in accordance with the work of Boydell and Rugkasa (2007), which showed that partnerships were enablers and catalysts to make things happen more quickly.

The study indicates that to maximise pace of change and develop momentum, partnership members need to feel emotionally connected, which in turn spurs further momentum which continues to transform their world view, which may then begin to reshape organisational cultures. The study provides novel findings in relation to the importance of how an ISP needs to interlock the story or the ISP narrative with momentum and the momentum will in turn become part of the story rather than a more traditional narrative with beginning, middle, and end.

7.3.2 Safe, secure space

Safe, secure space was identified as a theme, and three mechanisms—creating a safe psychological space, creating a safe meeting space, and using spaces with ascribed meanings—needed to be triggered to achieve the outcomes of increased psychological safety, authentic relationships, and greater reach.

Previous authors have described some organisational cultures as punitive and risk averse, which can lead to individuals not feeling safe and manifest through behaviours such as withholding information or silencing debate and discourse (Farrall and Calverley 2006; Gavanta 2006; Gallimore et al. 2008; Gallimore et al. 2009). Evans and Killoran (2010) stated that there was ‘a difficult reality in securing integrated action on the ground’ (Evans and Killoran 2010, p. 136), with people often ready ‘with their bats up ready to fight off criticism’ (Evans and Killoran 2010, p. 133). The findings of the current study have suggested that creating a safe meeting space mitigated against fragility and unsettled responses of individuals when confronted with unfamiliar ideas or situations. This is characterised by the analysis which indicated that intermediate outcomes of the safe, secure, space theme were increased psychological safety and authentic relationships.

This finding was shared by Svasek and Skrbis (2007, p. 372) and Brown and Pickerill (2009), who described the importance of reflecting on movement between ‘known and unknown spaces.’ The findings of the study demonstrated that emotions experienced, both as part of historical perspectives and organisational cultures and

as a response to moving into an intersectoral space, could be managed within a safe meeting space.

From the data collected from participants, it became apparent that the creation of safe spaces was closely linked to the developmental spaces of ISPs. These findings highlighted the proposition that it may not have been possible to progress through the invite, create, and enact spaces if a safe psychological and meeting space did not exist. It is clear that the safe psychological space served to help facilitators and participants manage or eradicate some behaviours which other researchers have highlighted (Glasby and Lester, 2004; Mukumbang et al. 2016) and which have previously led to abandoned programs and fragmented, short-sighted, and reactive policy working. This has been characterised by authors as people choosing sides, and "winning the fight" becoming more important than developing solutions (Cheyne et al. 2013; Woodhead et al. 2017).

Individuals have their own perspectives, histories, ideas, and opinions—all of which contribute to the development of successful relationships. Evans and Killoran (2010) has previously discussed how partnerships created 'a market place for meeting people' where people could access help with issues within their own organisation or areas from work. The current study supports this notion and adds further detail regarding the nature and consequences of the ISP meeting place which created trust, loyalty, mutual respect, and commitment to the ISP itself. To build partnership synergy, Jagosh et al. (2015) revealed that building trust over the long term produces an increase in synergy, which results in sustainability. The findings of the current study are in accordance, but the data also demonstrated that greater reach of the ISPs was an intermediate outcome of creating a safe psychological space, creating a safe meeting space, and using spaces with ascribed meaning. Trust and receptivity were key features which were discussed in relation to a safe, psychological space.

The findings of the current study demonstrated that ISPs could achieve greater success when different settings such as art galleries and football stadiums—places with ascribed meanings—were used. In relation to the idea of using spaces with ascribed meanings (e.g. football stadiums, art galleries, or other non-clinical spaces), other studies have demonstrated that certain settings produce certain emotions and behavioural responses more than others (Hawkins and Abrams 2007; Curtis 2010). The current study's findings accorded with the work of Irvine (2007),

who suggested that particular configurations of social scripts, the performance of the actors, and the staging of that space all contribute to increasing the reach of partnerships. Bennett (2007) discussed the idea of emotions as being created and understood in the context of relationships with others and being made meaningful through discourses, language, and signifiers (Conradson 2003; Castree 2004; Hudson 2004). With social rules prevailing in particular settings, for example in a football stadium or art gallery, that emotion can be harnessed and transferred to feelings and expressions related to the ISPs.

On consideration of the findings of the current study, valuable insights were generated into emotional and psychological response to places and their significance. Bringing partners into different physical spaces engendered different sets of reactions and feelings. For example, the very act of meeting in a football stadium created a kind of equal point for view and equality among participants, as they were all "spectators" or "fans" together. Such different spaces freed the participants in the ISPs to think and act differently.

> *Some of the people who were real leaders within their organisations, chief executives and finance directors of some bigger organisations who were there were kind of like—for a few minutes were just kind of like freed of. . . . They were able to run on and touch the pitch. It kind of like brought everybody into a—it created a kind of equal point for everybody. (3: Private Sector)*

Previous researchers have highlighted the significance of relational perspectives, i.e. the impact of relationships and actions of individuals to partnership success (Graham and Healey 1999; Castree 2004; Hudson 2004; Conradson 2005; Massey 2005; Yeung 2005). The current study supports such ideas and provides further detail into why creating a relational space and a safe psychological space needs to be seen in a temporal, dynamic, and fluctuating perspective, as the ISPs involved individuals on different trajectories who were evolving in their relationships (Curtiss 2010). The study's findings accord with Massie's findings (Massie 2005) that this dynamic was always in the process of 'being made—it is never finished, it is never closed' (Massie 2005, p. 9).

Overall, this study has provided insight into how the creation of a safe psychological space is an essential feature of successful ISPs, and the creation of a safe

psychological space, often in places with ascribed meaning, increased the reach and impact of the ISPs.

7.3.3 Identity

The current study provided valuable insights into the participants' professional and personal experiences and motivations. On analysis, challenging identity and redefining professional and personal identity were key mechanisms within the study. Increased social capital and social cohesion, different relationships with participants, and clarity of purpose were all intermediate outcomes.

Awareness and mindfulness about one's own values, beliefs, and prejudices are central to professional development (Lynn 2009). In the current study, participants described the development of a new intersectoral identity, including an array of emotions and meanings, generated through shared experiences with others in the ISP. The findings chimed with perspectives from seminal work in social psychology which suggested that people define their identities via their social relationships in groups and institutions (Tajfel and Turner 1986; Kling 1995).

In the current study, participants sought to construct new identities; engagement in the ISPs gave people an opportunity to do this, from the stance of being a participant within an ISP. Asforth (2001) described role identity as providing a definition of self-in-role and including 'the goals, values, beliefs, norms, interaction styles, and time horizons that are typically associated with a role' (p. 6). The present study adds to the suggestion that the way that professionals view their role identity is central in how they interpret and act in work situations (Weick 1995; Holman and Lorig 2000: Hudson 2002; Pratt et al. 2006; Chen and Feely 2014; Cheyne et al. 2013; Carey 2016).

The current study has also provided insight into what Habermas described as the 'third concept' of identity as the power of dialogue between self and the other (Habermas 1987, p. 131). This concept described how people talk about themselves and others, how they position themselves, and where they locate themselves within a professional community. In the current study, participants described how their engagement and involvement in the ISPs had enabled them to consider different discourses of the professional and personal, with the ISP opening up new possibilities for professional identities to emerge, or alternatively for congruence between pre-existing professional and personal identities to be reached.

Professional identity has been described as an individual's self-definition as a member of a profession and is associated with the enactment of a professional role (Ibarra 1999; Silka 1999; Rycroft-Malone et al. 2004). However, Bauman (2005a) rejected such an understanding of professional identity and suggested that identity is the reflexive re-writing of self. He contended that in 'postmodern' or 'liquid' modern times (where everything and especially values, knowledge, and practice are in constant flux), identity is highly contested (Bauman 2005b, p. 308). This accords with the findings of the current study in which participants described how their involvement in the ISP gave them a chance to explore self-identity and being—what Giddens called 'the self as reflexively understood by the person in terms of her or his biography' (Giddens 1991, p 135). Alternatively, exploring the concept of the 'person-in-context' is a way of examining the person's relationship to the world based on the position s/he inhabits within it (Heidegger 1962, p. 23). For example, some participants reflected on how their initial motivation to become a health care professional was reactivated by their involvement in the ISP. Others spoke of how the ISPs had enabled their personal identity, which was often described in terms of their value base to become more enmeshed with their professional identity which had reduced cognitive dissonance they may have experienced.

For the first time, this study has identified the significance of the interplay of professional and personal identity in relation to participants' roles within the ISP and the subsequent impact of this in their life roles outside the ISPs.

7.3.4 Narrative

Narrative, that is the story or guiding set of ideas and values which underpinned the ISPs, was of key importance to their success. Key mechanisms were establishing shared values, creating appeal, and seeing all perspectives as valid. These mechanisms triggered the outcomes of authenticity of relationships and decision making, commitment to the ISP, and fluidity of relationships. Together, these mechanisms and outcomes allowed the ISPs to flourish and provide effective services.

Previous researchers have proposed that an important barrier to the development of collaborative programmes was a lack of shared understanding of ideas, models, or theories of working, particularly with regards to disadvantaged people and disadvantaged communities (Evans and Killoran 2010; Herens et al. 2017).

Although partners and organisations may sign up to collaborate, their actual commitment may be constrained by differences in priorities, structures, processes, and cultures (Evans and Killoran 2010, p. 137). The most important finding from the current study in relation to this is that by building a shared value base for the ISP, which encompasses structures, processes, and culture rather than the individual organisation values base enables a more powerful, supportive, and encompassing narrative to be constructed. This narrative then in turn supports the ISP through the complexities of providing response and interventions to what have traditionally been highly intractable issues (i.e. the provision of services for people with multiple and complex needs).

In partnerships, ideas around legitimacy or the importance of certain activities or ideas have been considered in previous research. Jagosh et al. (2014, 2015) referred to “additional activities” which spin off from partnerships, which implies when entering into a partnership there was a predefined agenda. The current study provides some insight into how narratives may de-authenticate certain activity generated by the ISP, if it is viewed as additional activity or spin-offs rather than intrinsic. Evan and Killoran (2010) found that if a shared strategic vision was created too early and was too fixed, it may constrain activity. The Lothian ISPs did not set, fix, or contain their narrative by time or content and, additionally, instead of organising activities around service change, redesign, or development, the ISPs were oriented towards identifying/defining problems and potential solutions to problems. The mechanisms of developing appeal and seeing all perspectives as valid helped to avoid the problem of rigidity, allowing priorities to emerge from the partnership, rather than be imposed externally. This left space for the ISPs to grow and allowed for a fluidity of narrative, necessarily shaped by various factors including social determinants of health and policy.

Collaborative working between practitioners is not a passive process of diffusion between individuals working in different locations or care settings. Instead, the process has a relational aspect and a knowing aspect which are mutually reinforcing (Hawe et al. 2009). This fits with the mechanisms and outcomes relating to the theme of narrative identified in the current study. The importance of the authenticity of relationships and decision making (which formed part of the outcomes) supports Evans and Killoran’s (2010) view that partners’ currency is increased due to being part of partnerships. The findings of this study—that developing appeal and seeing

all perspectives as valid led to fluidity of relationships—are important contributions. This knowledge builds on findings by Herens et al. (2017) that learning from other experts, ensuring a shared ambition by bringing together necessary resources and skills, and facilitating sharing of lessons were key mechanisms in building and sustaining the narrative of partnerships.

An interesting point of discussion in relation to other research concerns is the experience of Cheyne et al. (2013) in introducing a new midwifery pathway in a locality in the UK. This pathway shifted the lead practitioner role from medic to midwife, which created tension across professional groups. This research highlighted that the narrative (i.e. the introduction of the pathway) was not adequately constructed with the professional groups it would affect (midwives and doctors). The present study provides some useful further consideration on mechanisms which may have mitigated some of that tension. By identifying the shared values, viewing all perspectives as valid, and creating appeal, whilst taking due cognisance of historical perspectives of stakeholders around roles, this may have mitigated some of the tension described by Cheyne.

A critical finding from this study was that the narratives of ISPs need to be fluid and adaptable to promote authenticity and lasting commitment to the ISP. Narratives are informed by the historical perspectives, but of key importance is the influence of narratives to challenge, reform, and change these perspectives.

7.3.5 Power

The mechanisms identified in the study relating to ideas around power were chiefly about power and understanding power. Power sharing and power shifting were identified as the main outcomes.

A great deal of previous theory (Friere 1973; Elias 1991; Gadamer 1994; Gamschi 1995; Foucault 1995; Gavanta 2005a) and research (Fox 1993; Hayward 2000; Fraser 2003; Garland et al. 2005; Peck and Dickinson 2008; Cheyne et al. 2013) has focused on power in the professional domain. The literature clearly states that power is a key feature that needs to be considered within partnerships and that power differentials amongst partners also have the potential to seriously undermine synergy because they limit who participates, whose opinions are considered valid, and who has influence over decisions made (Ibarra et al. 1999). The current

research identified mechanisms concerning power to provide fresh insights into how power can be managed within partnerships.

There is clear consensus within the literature that considerations of power, both in terms of understanding power dynamics and changing dynamics, are necessary, but there have been limited hypotheses on how to practically operationalise these concepts in the real world. Previous research has identified that successful activation of anticipated change mechanisms was dependent on readiness to change (Boydell and Rugkasa 2007; Brown et al. 2012; Cacati-Stone et al. 2014). Existing models of care focus on power relationships among professional groups and stakeholders (Cheyne et al. 2013). Transformative practice is often limited to discourses relating to shifting power relationships across and between professional groups rather than across sectors (Cheyne et al. 2013; Cornes et al. 2014). Boydell and Rugkasa (2007) have described how participation of senior officers from statutory agencies in a 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. However, maintaining power within senior individuals from statutory agencies also served to maintain power imbalance rather than shifting power (Boydell and Rugkasa 2007). Evans and Killoran (2010) identified that different/conflicting accountabilities reflected the tensions which exist between hierarchical health care structures and processes.

Contrary to much of the literature around power in partnerships (Dickinson and Glasby 2010; Erickson and Andrews 2011; Manzano-Santaella 2011; Herens et al 2017), there has been little indication in the realist studies reviewed of the dominance of professionals over patients. However, there has been consensus that professionals working together with participants could challenge historical hierarchies of power, particularly power exerted by medical or other expert professionals (Cheyne et al. 2013). With reference to these sentiments, evidence from the current study indicates that explicit conversations about such power and understanding power with all partners from the outset of the ISP (i.e. within the invite space) leads to power sharing and power shifting across participants, leading to improved joint working and ultimately more effective ISPs.

Eastwood et al. (2016) previously discussed how power exerted by big business, media, and the global economy was often excluded from conversations around

power within the health and social care context. They also recognised that theories of social capital (Bourdieu 1997; Putnam 2000), emotional capital (Bourdieu 1997), and economic capital (Bourideu 1997; Seale 1999) could strengthen the explanatory power of the emerging frameworks. Findings from the current study are in accord with this idea and support the notion of expanding ideas around power to include wider aspects of power relating to social, emotional, and economic capital. These aspects of power are pertinent to all partners in the private, public, and voluntary domains. Previous studies have mainly focused discussion of power interplay on a single partner or partnerships between statutory and voluntary sectors but not all three sectors. The findings from this study highlighted that by including holders of power from the private sector, their power, which was often more economic than social or emotional, became part of the ISP narrative and increased the power or reach of the ISPs.

Researchers have proposed that democratisation of structures and process is an important aspect of building cohesion in communities of people with multiple and complex needs (Repper and Perkins 2003; Schon 2010; Trickett et al. 2011 Sapouna et al. 2011; Shildrick and MacDonald 2013). However, much greater attention will need to be given to finding effective ways of genuinely engaging communities and shifting power. Navarro (2006) described how the processes of democratisation are creating new spheres of conflict; citizens are invited to enter into a discourse that promises to improve their lives and social conditions and, moreover, to empower them. Citizens are supported to struggle for their interests or, in other words, to engage in power relations, although this was seldom the intention of the organisations that established these new spaces (Navarro 2006). The data from the current study demonstrate that the ISPs are constructed spaces in which participants are asked to actively acknowledge and engage in discussions about power and understanding of power. By triggering mechanisms of talking about power and understanding power, it ensures that the issue of power is explicit from the onset and duration of the ISP. Power becomes part of the narrative, and power shifting and power sharing are outcomes.

7.4 Summary conclusions

Discussions surrounding the appropriate conceptualisation of and response to people with multiple and complex needs have seen significant change over recent decades. In particular, there has been a change away from “treating” people to a more ecological, collaborative, and recovery-focused approach which is shaping health and social care research and practice today. Involving and including the lived experiences of people with multiple and complex needs and including the development and use of intersectoral partnerships are gaining recognition as being increasingly important and desirable. Such work reflects not only fundamental shifts in practice but a deeper and more nuanced understanding of the complexities of lives lived and correspondingly the support and help that is thus required.

People with multiple and complex needs warrant special attention to ensure and realise their right to full inclusion in society. Much of the existing research has focused on service development or service charge, with less focus on intersectoral innovation. The current study demonstrated the linked associations among momentum, spaces, identity, narrative, and power, including a complex interaction of contributory contextual factors. Features of context were historical perspectives, organisational culture, policy, and social determinants of health—all of which identified the need for and influenced the development of the ISPs. The impact of each feature was dependent on the interaction with others.

This study provides three distinct but interconnected contributions to knowledge:

1. Realist-informed inquiry which provides valuable insights into partnerships across sectors.
2. Refined programme theory to underpin the development of intersectoral partnerships.
3. Foundation for practical partnership solutions for improving the lives and outcomes of marginalised groups.

An essential part of realist inquiry is that there will be implications and recommendations for policy and practice. A starting point for considering the construction and audience for recommendations is to consider the naturally occurring communities constructed by the Scottish government in the form of

community planning partnerships (CPPs). CPPs are partnerships involving all service providers that come together to take part in community planning. There are 31 CPPs across Scotland, one for each council area. Each CPP focuses on where partners' collective efforts and resources can add the most value to their local communities, with particular emphasis on reducing inequality (Cameron et al. 2013; Petch et al. 2013).

The next section details the recommendations for policy, practice, and further research that arise from the current study, beginning with a description of the Incite model.

7.5 The Incite model

The Incite model is the summary descriptor which can be used to describe the refined programme theory to provoke, motivate and inspire action for the development of intersectoral programmes. The name Incite was chosen by the author of this study as it appeared to encapsulate how participants described their feelings about being involved in the ISPs. The word incite means to stir to action or feeling; egg on, excite, foment, galvanize, goad, impel, inflame, inspire, instigate, motivate, move, pique, prick, prod, prompt, propel, provoke, set off, spur, stimulate, touch off, trigger, work up (Roget's Thesaurus. 2014).

The model contains the programme theory of context, mechanisms, and outcomes which should be considered in the development of an intersectoral partnership. The Incite model offers a new paradigm for understanding major societal issues such as the increase of diabetes and the rationalisation of care and support packages for vulnerable older people—which were often traditionally and historically viewed as solely issues for resolution by health-care providers. The Incite model sets out how to create intersectoral partnerships to provide different co-created solutions which will improve health and social justice outcomes.

The Incite model is depicted in Figure 2 and Table 9.

The author of the research shared the emerging model with the Research Advisory Group Members at meeting 4 in October 2018 (Appendix 1) the model was received positively and members of the advisory group affirmed that they could see how they could apply this to partnerships they are currently participating in or would like to be involved in establishing. They spoke of how the identification of different spaces resonated with them and supported the study's finding that the progression through the spaces may not always be linear. At the November meeting of the Advisory Group (Appendix 1) the author shared the proposed name Incite. The Advisory Group members responded positively to this name emphasising that the name evokes the sense of the ISPs being akin to inciting a social movement to create positive outcomes.

How the Incite model may be operationalised is discussed in the implications for policy and practice sections below.

Figure 2: The Incite model overview

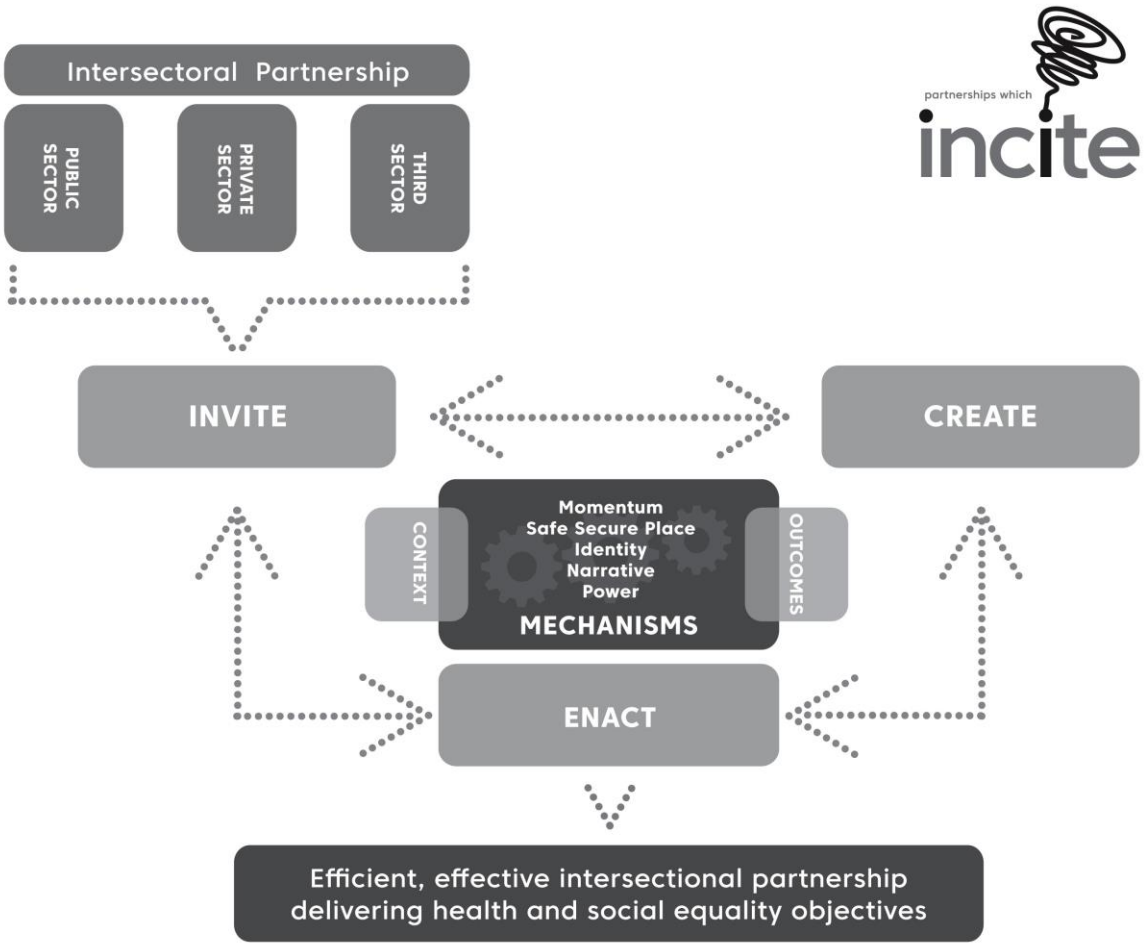


Table 9: Incite model CMOs

Theme	Context	Mechanisms	Intermediate Outcomes	Overall Outcomes
Momentum	Organisational cultures	Desire for change Pace of change	Emotional connectivity Aspiring to sustainability Increased societal awareness Transformed world view	
Safe, secure spaces	Historical perspectives Organisational culture	Creating a safe psychological space Creating a safe meeting space Using spaces with ascribed meaning	Increased psychological safety Authentic relationships Greater reach	
Identity	Historical perspectives	Challenging professional identity Redefining professional and personal identity	Increase in social capital and social cohesion Different relationships with participants Clarity of purpose	Efficient, effective intersectoral partnership delivering health and social care objectives for people with multiple and complex needs
Narrative	Historical perspectives Policy Social determinants of health	Establishing shared values Developing appeal Seeing all perspectives as valid	Authenticity of relationships and decision making Commitment to ISPs Fluidity of relationship	
Power	Historical perspectives Organisational cultures Social determinants of health	Talking about power Understanding power	Power sharing Power shifting	

7.6 Implications for policy

The Incite model developed from the current research offers an approach to policymakers which will assist in realising policy ambitions to address the significant inequalities and health issues that Scotland faces. The Scottish government's Public Service Reform agenda (Christie Commission 2011; Scottish Government 2018) is focused on the importance of a relational, person-centred approach that tackles the root causes of poor outcomes like social isolation and loneliness with detailed actions to improve health and well-being, the lived and built environment, and accessibility to transport. Five recent strategies and delivery plans set out how major public health themes such as loneliness, obesity, suicide and self-harm, and an ageing population should be addressed:

- A Connected Scotland: Tacking Social Isolation and Loneliness
- A More Active Scotland: Scotland's Physical Activity Action Plan
- Every Life Matters: Scotland's Suicide Prevention Plan
- A Culture Strategy for Scotland (draft for consultation)
- Rights, Respect and Recovery: alcohol and drug treatment strategy

Within these documents (Scottish Government 2018b; Scottish Government 2018c; Scottish Government 2018d; Scottish Government 2018e; Scottish Government 2018f) there are a set of aspirations concerning

- the development of intersectoral partnerships to foster collaboration across and between stakeholders;
- an integrated approach guided by a shared vision of the value of a more active Scotland;
- the need for greater collaboration within the public sector;
- the key importance of prevention and early intervention;
- partnerships as the vehicle for delivery;
- success being dependent on a range of organisations working collaboratively together and with communities; and
- the need for people delivering public services, especially those tasked to tackle the fundamental challenges in Scotland today, being engaged with the cultural life of the country.

With regards to meeting the above aims, the Incite model from the current research sets out a conceptual framework of how intersectoral partnerships can be developed and sustained through the creation of spaces and mechanisms which need to be activated to enable change.

The Incite model was developed from the perspectives and experiences of people working in ISPs focused on improving outcomes for people with multiple and complex needs. People with multiple and complex needs encapsulates a breadth of issues such as poor mental health, addiction, violence, and offending. Issues which have often been framed as intractable, "wicked" issues (Schon 1971; Rittel and Weber 1973) and public health issues (Cook 2015) could be addressed through partnerships. The reframing of issues such as poor physical health, obesity, social isolation, and loneliness as public health issues, and new, wicked issues both within the policy and delivery landscape (Scottish Government 2018) will potentially expand the utility of the Incite model into helping to these solve complex issues.

7.6.1 Policy recommendations

There are eight key recommendations for policy that have emerged from this research:

- **Key policy recommendation 1:** The Scottish government should consider the findings of this study and the implications for workforce planning and curriculum development for public, private, and third sectors.
- **Key policy recommendation 2:** The Scottish government should consider the development of a set of standards which would inform and develop intersectoral partnership as a core component of the skill set of the public, private, and third-sector workforce.
- **Key policy recommendation 3:** The Scottish government should apply the principles of the Incite model in cross-party and cross-policy working groups in order to integrate the findings into government-driven action.
- **Key policy recommendation 4:** The Scottish government should review, endorse, and disseminate the Incite model, which will support the development of further intersectoral partnerships across Scotland.
- **Key policy recommendation 5:** The Scottish government should consider the application of the Incite model to specific policy areas which they have

highlighted in policy documents that require intersectoral partnership responses to tackle intractable issues.

- **Key policy recommendation 6:** The Scottish government should confirm and endorse the Incite model to address further specific societal issues such as providing alternatives to incarceration (Scottish Government 2017), reducing drug-related deaths (Scottish Government 2018f), and/or lack of affordable housing in connected communities (Scottish Government 2018a).
- **Key policy recommendation 7:** The Scottish government should identify resources for the dissemination and implementation of the Incite model
- **Key Policy recommendation 8:** The Scottish government should commission a series of regional seminars that are strategically positioned and aligned with community-planning partnerships, commencing with a Scottish-wide conference which will identify and confirm issues and locales for intersectoral partnerships.

7.7 Implications for practice

The work reported in this thesis suggests that benefits can be experienced and effective partnerships developed by considering the factors as identified in the study. Consideration of the programme theory, phases, contexts, mechanisms, and outcomes offers an opportunity, and guidance, for practitioners to build different relationships with clients that move from provider and recipient to one based on enablement and empowerment.

Building new ISPs using the knowledge gained in the current study will offer staff an opportunity to work with different people from different sectors, enabling them to move out of traditional hierarchical structures, which may be disempowering and stifling. Opportunities for staff to galvanise around shared issues of concern in safe spaces, in which they can connect and acknowledge and discuss power imbalances, will be key ways in which professional development can be enhanced and achieved. Issues of identity, both personal and professional, and identification with a partnership rather than a singular organisational identity, can contribute to building trust and shared understanding across communities of practice.

The impact from the study is an understanding of the common features of how intersectoral partnerships have informed the development of a programme theory. The author has well-established relationships with a number of government departments including Population Health and Third-Sector divisions which will provide a clear pathway to inform government policy, which should include a discussion on further advancing this study's findings.

In response to research findings which note the effectiveness of multifaceted and active educational approaches such as practical manuals and reminders (Mitton et al. 2011), the researcher will develop and make available manualised practical materials which operationalise the findings of the study, embedding user-friendly information on the Incite model. All practitioners entering into an ISP will be invited to reflect on the questions and statements, for example, as detailed in Table 9.

Table 9: Reflective questions and statements to support implementation of the Incite model

Before you begin	
What is the problem or opportunity you need an intersectoral partnership to address?	
Make your invitation to participate provoking; it should be inclusive and engender curiosity.	
Be aware of the phase you are in	Be aware that the create space is important, as it's in this space that you need to talk about values of the partnership and ask people to sign up to these.
	Don't rush into enactment too quickly, but equally don't get stuck in create space, as it's through actions that the partnership will coalesce and develop.
Know your context	Think about what has happened before that maybe hasn't worked. What learning is there?
	Be mindful. What experiences have people had that might make them not want to work as partners? What has worked well for people previously?
	Consider your policy drivers—who else needs to be involved?
	Wicked issues need wicked solutions—and maybe people you never thought to partner with. Think creatively and laterally.
Frame it	What is your narrative? How are you going to establish shared values, develop appeal, and see all perspectives as valid?
	How are you going to create and maintain a safe psychological space for intersectoral partners and use spaces that already have ascribed meaning, which in turn will help shape the narrative?
	Creating a safe space will enable people to talk about and understand power relationships and dynamics.
	The safe psychological space will allow people to explore their professional identity and redefine that identity both personally and professionally.
	Think momentum. Are we fostering desire for change? What is the pace of change required? Is it too quick, too slow? Be conscious of the need to sometimes recalibrate.
How do you know if your partnership is working well?	Are people more emotionally connected to what they are doing? Has the partnership transformed world views, increased societal awareness, and created a desire for the partnership or the activities delivered to be sustainable?
	Are partners developing authentic relationships that feel psychologically safe and reaching out to more people?
	Through redefining professional personal identity, do partners have different relationships with participants, greater clarity of purpose, and an increase in social capital and social cohesion?
	Through the partnership's co-created narrative, has this resulted in greater authenticity of relationships and decision making, commitment to the partnership, and more fluid relationships?

7.7.1 Practice recommendations

There are six key recommendations for practice, aimed at sectors and organisations within Community Planning Partnerships, which have emerged from this research:

- **Key practice recommendation 1:** All leaders of organisations and sectors within each CPP should consider the findings of this study and the implications for their work streams.
- **Key practice recommendation 2:** Develop a set of standards which will inform and develop intersectoral partnerships as a core component of the skill set of the public, private, and third-sector workforce.
- **Key practice recommendation 3:** CPPs should apply the principles of the Incite model across their identified issues and challenges which require an intersectoral partnership response.
- **Key practice recommendation 4:** CPPs should disseminate and make use of the Incite model to drive forward the development of local intersectoral partnerships.
- **Key practice recommendation 5:** CPPs should agree on one specific policy area in which they will create an ISP for using the Incite model.
- **Key practice recommendation 6:** CPPs should provide their input to the Scottish-wide conference on the Incite model in Autumn/Winter 2019.

7.8 Impact, communication, and dissemination plan

The focus of this study's impact is a change in how innovative actions and solutions are conceptualised and delivered through ISPs. The communication and dissemination messages will be focused on sharing a deeper awareness of current societal issues and the challenges and problems experienced by people, and creating a more structured way of developing intersectoral partnerships which will drive change.

Pathway to this impact

Kitson (2011) noted the importance of ensuring that research findings are made available to create an awareness of the research as a foundation to creating impact. A comprehensive communications and dissemination plan will be developed to allow information from this study to be disseminated. This will draw on traditional and contemporary means of exchanging information, creating demand for the research findings, and a sense of urgency around accessing the findings.

The findings will be made relevant to commissioners, managers, practitioners, and communities of interest by customising messages where possible to meet needs at particular points in time and developing audience-specific messages. Evidence suggests that this approach increases the value attached to the research and research findings (Dobbins et al. 2004). This will result in a range of outputs which will be refreshed as the programme theory and model are used to create further ISPs.

Outputs

- Outline of the study and findings in bulletin formats
- Development of messages related to why intersectoral partnerships can tackle societal issues
- Identification of messages to feed social media outlets, e.g. blogs and Twitter
- Development of messages about intent of research for mainstream media
- Short reflective note on methods used, issues arising, and how these were resolved or managed
- Summary of key findings, recommendations, and actions in an actionable format.

- Development of materials for stakeholders in an online manual for intersectoral participants
- Minimum of two papers published in peer-reviewed journals
- Presentations to commissioning and practice-based conferences with front-line practitioners, citizens, and strategic stakeholders

Networks make communication infrastructures more readily available, allowing for the research process, research findings, and expertise about practice-based application to be effectively shared (Conklin and Stolee 2008). Building upon pre-existing communication channels can facilitate this (Williams 2002; Conklin et al. 2013). The knowledge exchange activities will, therefore, target three audiences: the general public; people working in private, public, and third-sector institutions; and academia.

Outputs

General public

- Develop a website and update it iteratively, including podcasts/clips of videos of intersectoral partnership activities.
- Engage with people's relevant media through contact and interviews with local journalists, community planning fora, and activist groups.
- Establish robust social media presence using Twitter, Facebook, and Instagram.

People working in private, public, and third-sector institutions

- Target messages, findings, and materials in a comprehensive way, including to the following strategically relevant organisations: Coalition of Scottish Local Authorities; Scottish Council of Voluntary Organisations; Health Board Chairs and Chief Executives Group; CPPs; Chambers of Commerce; and City Deal Partnerships.

Academia

- The researcher will submit proposals to deliver presentations to key conferences, including the Scottish Mental Health Arts Festival, Edinburgh, May 2019; Citizenship Recovery Inclusive Recovery Programme (CRISP)

International Conference, New York, NY, July 2019; and International Mental Health Leadership Conference, Washington, DC, September 2019.

7.9 Limitations of the study

The work reported in this thesis was a realist-informed investigation of complex multi-agency intersectoral partnership working. While there are many strengths to the work, there are also a number of limitations.

This study comprised 18 interviews and is therefore specific to these people and the particular ISPs they were engaged with. What was discussed in the interviews was only a small part of the whole of the interactions and processes associated with an ISP, some of which had been running for a number of years. However, efforts were made to reflect this historical development in the interviews, and the researcher did have previous experience and knowledge of ISP development, which helped to locate the discussions in a broader context. The study was also limited by the circumstance of this being a doctoral thesis. In addition, the researcher's insider perspective may have influenced what the participants chose to share. This could be a key strength of the study, as individuals do behave differently when presented with an insider versus a completely naïve researcher. A key aspect of managing this was the process of reflection and reflexivity which the researcher maintained throughout the research process. Regular reflective notes and supervision sessions aided this process. Following the analysis and discussion of results, the researcher shared with the participants a summary of the analysis and discussion, the revised programme theory articulated through the Incite model, and the draft recommendations for policy, practice, and research. Fourteen of the 18 participants attended the discussion session, and all articulated their support for the Incite model, recognising their "fingerprints" on the model.

As a key aim of the study was to produce an integrated programme theory based on ISPs, which could be used by future policymakers, including recommendations that could be made at the senior management and policy level, and because the researcher was a single researcher, a pragmatic decision was made in relation to the selected sample.

People voluntarily self-selected to participate (the sample was not random). It was the intention to select more senior individuals who would be able to give a rounded

analysis of the development of the ISP. It is possible that if more junior or on-the-ground staff had been selected as participants, the outcomes may have been different. This may have created bias in favour of participants most involved and enthusiastic about ISPs as a whole. Findings cannot be extrapolated to those people who left the ISPs or where ISPs had not been successful.

Inclusion of people with lived experience may also have enhanced this research. However, such inclusion is cautioned against by realist methodologists. Key authors have stated that patients are less proficient at identifying mechanism and contexts in a programme, as they only have their own idiosyncratic experiences to draw from (Pawson and Tilly 1997). Patients may comment on the particular mechanisms and context that were operating for them, and whether these worked for them or not. Scholars have asserted that professionals, on the other hand, have had the experience of working with a range of people, and they will be able to provide an account of mechanisms and context “in the round”. However, the inclusion of an advisory group in this study, which included people with lived experience, goes some way to remediating these issues. Discussion and dialogue within advisory group meetings on the results brought expressions from individuals that the findings made sense and resonated with the group. Additionally, it may be appropriate for future research to examine the Incite model from the perspectives of ISPs, beneficiaries, and citizens.

7.10 Directions for future research

Using a qualitative methodology has enabled the author to achieve a rich and deep understanding of the experiences and learning from ISP participants. Viewing this through a realist-informed lens has enabled the construction of a medium-range programme theory (the Incite model) with a granular understanding which details the context, mechanism, and outcome configurations that need to be enacted and sustained to achieve effective ISPs. The findings provide a strong basis to now operationalise the programme theory and develop tools which can be applied in practice (such as manuals, guides, or assessment tools). These tools will help to support the enactment of the Incite model by ensuring fidelity and raising consciousness about the CMO configurations. Further, developing and manualising tools will enable realist evaluation (or other forms of evaluation) of the ISPs to be undertaken.

7.10.1 Research recommendations

Five recommendations for future research have emerged from this study:

- **Key research recommendation 1:** Undertake a qualitative study which will explore citizens' reaction to the model and their views on their contribution to how the model works.
- **Key research recommendation 2:** Develop manuals to operationalise the theoretical constructs of the Incite model which can serve as research protocols.
- **Key recommendation 3:** Develop practical and robust research instruments such as an ISP measurement tool that will effectively operationalise and measure the theoretical constructs of the model in a reliable and valid way.
- **Key research recommendation 4:** Develop a realist evaluation protocol using the manuals and instruments to assess the implementation of ISPs across Scotland.
- **Key research recommendation 5:** Develop international research partnerships, for example, by building on current networks, to initiate the use of the research protocol across countries.

7.11 Concluding statements

The study has produced a thesis which represents a significant contribution to the literature in these areas:

- It represents a realist-informed inquiry which provides valuable insights into partnerships across sectors.
- It presents a refined programme theory (the Incite model) to underpin the development of intersectoral partnerships.
- It recommends practical partnership solutions for improving the lives and outcomes of marginalised groups.
- The findings have resonance for the Scottish government and CPPs, and for further research.

In summary, the literature review identified that there was a need to understand what happens in a successful collaborative intersectoral process in creating novel solutions that give partnerships an advantage over single agencies in planning and carrying out interventions that aim to improve services and health for people with multiple and complex needs. To meet this gap this study was undertaken to provide a novel theoretical contribution through the creation of a new programme theory - the Incite model. The Incite model combined the enactment of CMOs, focused on Narrative, Momentum, Identity, Safe and Secure Space, and Power, with spaces – Invite, Create and Enact. The model can be used to structure and guide the development of intersectoral partnerships across the private, public and voluntary sectors which will improve outcomes for people with multiple and complex needs. The Incite model provides a response to the identified gap in the literature of how to identify the key mechanisms that enable partnerships to accomplish more than organisations acting on their own can. This model pays explicit attention to creating spaces where partners are “more than the sum of their parts”. The fluidity of CMO configurations is recognised but the conceptualising of the CMOs within the five themes (narrative, momentum, identity, safe and secure space, and power) enables both granular and global explanations of how successful partnerships function.

The construction of this model was informed by the data generated by 18 senior individuals from 6 ISPs. As author of this study and due to long standing professional relationship with the participants, it felt important to test the veracity of the Incite model and its application to practice with the participants. The participants

were invited to attend an evening meeting on 6th November 2018. All 18 participants responded and 14 attended with the remaining 4 citing personal or work commitments and sending apologies. The data which informed the construction of the Incite model and the recommendations for the policy, practice and research was shared with the participants (Appendix 5). The response was overwhelmingly positive, with participants actively encouraging the author to progress with implementation of the Incite model and supporting the recommendations fully.

The participants expressed enthusiasm for applying the model to other partnerships they were involved in and encouraged the author to share with other stakeholders. Comments received during the meeting and in email communication post meeting described the Incite model as “practical and simple which would offer objectivity to partnerships”; the recommendations as “courageous and bold” and the CMO configurations as “encapsulating lots of things we all feel when in partnerships”. The author was commended for her integrity and commitment to authentic relationships and of seeking their input, in advance of submission. This was viewed as “not standard practice for doctoral students, but perhaps should be…” (personal email communication, November 2018).

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9 Appendices

- Appendix 1: Advisory group terms of reference and meetings
- Appendix 2: Diagram and initial programme theory
- Appendix 3: Ethics form (submitted November 2017)
- Appendix 4: All ethics documents and processes
- Appendix 5: Consultation with the research participants

Appendix 1: Advisory group terms of reference and meetings

Name of the group
Intersectoral Partnerships Research Advisory Group

Purpose and role
The researcher is undertaking a realist-informed qualitative study exploring the role of intersectoral partnerships to enhance the lives of people with multiple and complex needs living in Edinburgh and Lothian.

There are increasing numbers of people whose well-being is limited by a complex interplay of life experiences, social determinants, contextual factors, and health conditions. Despite policy imperatives, interventions, and services to address problems, there remains a lack of systematic knowledge and practice relating to what works, for which people, and under which set of circumstances. Within Lothian, a number of intersectoral programmes (ISPs) focused on improving outcomes for people with multiple and complex needs have been developed. This current research aims to develop an integrated "programme theory" based on ISPs within Lothian which can be used by future policymakers to innovate in creating opportunities for people with multiple and complex needs to engage in health-seeking and life-changing opportunities.

The study will use purposive sampling (Patton 2002) to facilitate the gathering of in-depth information about issues of central importance to the enquiry. This will capture and describe common themes as well as unique perspectives from 18 leaders and providers who have first-hand experience of the phenomenon (Table 1) from 6 different ISPs (Table 2).

Table 10: Inclusion criteria (aim to recruit 3 participants per ISP = 18 in total)

- Seniority/management/influencing position
- Understanding of current policy
- Ability to comment on context, mechanism, outcome
- Willingness to participate in the study

Table 11: Lothian intersectoral partnerships

Partnership Name	Community Key Characteristics	Places, Locale
A Sense of Belonging Arts Programme	People with mental health problems who have an interest in the arts as part of their recovery journey and members of the public who are interested in art as a vehicle for social change	Art galleries, cinemas, venues across Lothian
GameChanger Public Social Partnership	Football fans, friends, and communities	Easter Road Football Stadium
Veterans First Point Lothian (V1P)	Veterans and their friends and families; veterans' charities	V1P Centre, Argyle House, Edinburgh
The Prospect Model	People living in Lothian who require psychological interventions	GP practices A&E departments Community venues
The Re:D Collaborative	People who have mental health and substance misuse in contact with the criminal justice system	Courts, prisons, justice centres
Rivers Public Social Partnership	People of all ages who have experienced significant trauma	Rivers Centre, Fountainbridge Library, Edinburgh

Many authors have noted the importance of active involvement and engagement with the wider community in qualitative research (Green et al. 2015). An advisory group will be recruited to support the research, and the group will review plans, findings, and final outputs. This will comprise people who are using the services and interventions provided by the ISPs and practitioners working with the ISPs. This will provide a further means to harness evidence or to answer questions of the cultural appropriateness of the interventions (Harris 1994).

Membership
Up to 8 individuals who have experience of using or delivering the interventions and activities will form the membership; the individuals must commit to attending 3 advisory group meetings between December 2017 and October 2018.

Structure of meetings
There will be an independent chair. The researcher will prepare and circulate papers 1 week in advance of the meeting.

Each meeting will begin with a short presentation by the researcher.

Meeting 1	Presentation of research proposal
Meeting 2	Data analysis; emerging themes
Meeting 3	Programme theory

This will be followed by discussion. Themed notes will be taken and will be circulated to members for member checking. Comments will not be ascribed to individual members.

The meetings will take place between December 2017 and October 2018 for a maximum 2-hour period at a city centre location.

Participants' travel will be funded, and refreshments will be available.

Research Advisory Group Meetings

Meeting One: December 2017

Purpose

To introduce the research, discuss the interview schedule and approach :

- The “swampy” issue
- Research question and aims
- Methodology
- Methods
- Project Plan
- Research Impact

Who am I ? – Strategic Programme Manager, NHS Lothian

- Develop strategy – “A Sense of Belonging, 2011-2016” and ensuring its implementation to improve mental health and wellbeing of Lothian’s c850,000 population
- Reporting to the Director of Strategic Planning, NHS Lothian
- Managing a complex set of relationships with senior clinicians, senior managers, collective advocacy and carers across 4 health and social care partnerships and multi agency partnerships
- Commitment to rights, relationships and public sector

Schon, 1973,;Chapman ,2009,;Lindblom 1959, Rittlel and Weber, 1973,;Weber and Khademian, 2008

Inequality

- Societies with higher levels of income inequality have excessively high negative social outcomes.
- Inequality contributes directly to social problems including poor mental health
- Poorest tenth of Scotland's households share only 2% per cent of the Scotland's income and Scotland's richest tenth receive 29% per cent

Poor Health

- GP Consultationss for anxiety 62:1,000 compared to 28:1,000
- Suicide rates three times higher

Whitehead 2006; NHS Health Scotland, 2015. The World Health Organisation and the Commission on the Social Determinates of Health 2008:; Christie Commission, 2010 ; Reviewing Scotland's Public Services (2011); Scottish Burden of Disease Study 2015.;(Marmot 2010; Wilkinson and Pickett 2011; Coot, 2012; Bunt et al 2010; McKendrick et al 2011; NHS Health Scotland, 2013

People with multiple and complex needs – whose needs are not being met

- Breadth **and** depth of need
- Needs span health and social care
  - People with severe and enduring mental health problems,
  - People who are in contact with criminal justice system,
  - People with substance misuse problems,
  - People whose life opportunities are limited due to income,
  - People who have experienced significant trauma.

Neill, 2004; Anthony, 1993; White, 2007; Ryan et al, 2012; Regam, 2004

People with multiple and complex needs – whose needs are not being met

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  - People with substance misuse problems,
  - People whose life opportunities are limited due to income,
  - People who have experienced significant trauma.

Neill, 2004; Anthony, 1993; White, 2007; Ryan et al, 2012; Regam, 2004

Responses to multiple and complex needs

- Responses which focus on behaviour or illness
- Often focused on individual pathology or diagnosis
- Removed from the lived reality of the person's life
- **Therefore, need to consider different responses**

Mikkonen and, Raphael, 2010; Public Health Agency of Canada, 2012)

Social Model of Disability, Recovery Movement, Disability Rights Movement

Increasing Agency

Building and strengthening Relationships

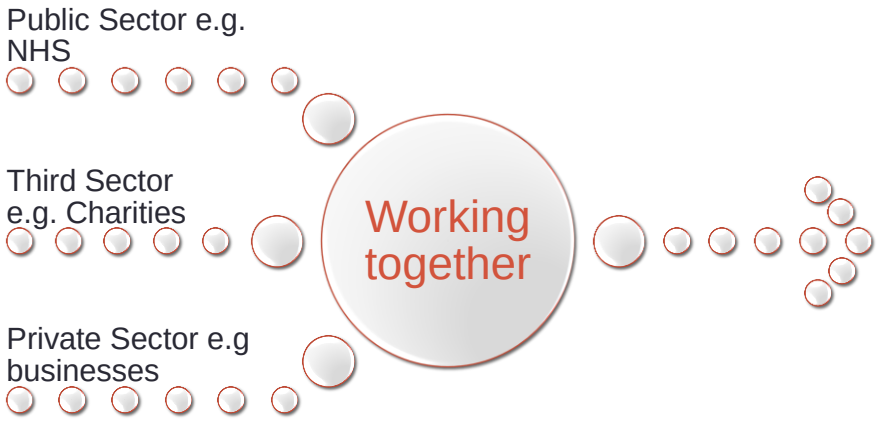
Using people's lived experience as an asset

Building social capital and social inclusion

Crepaz-Keay, 2010: McEvoy, 2012 (Coote and Macleod, 2012; Greenaway, et al 2015Evans; 2002, 2007). (Tomanovic, 2012:Ungar, 2012;Evans, 2007; Ferguson and Walker, 2014: Mclean et al 2103; Giddens, 1984; Sorenso et al, 2013; Talo et al 2013, Unger and Wandersman, 1985; Kleiner et al 2006; Hsiaso et al 2015; Crepaz-Keay, 2010; Rawlins, 2009; Putnam, 1993a; Coleman, 1988; Boardman, 2011

Cook, 2015; Butterfoss et al 1996; Lasker et al 2001; Provan et al 2005; Bracht and Tsouros, 1990; Roussos and Fawcett, 2000

Intersectoral Programmes



Cook, 2015; Butterfoss et al 1996; Lasker et al 2001; Provan et al 2005; Bracht and Tsouros, 1990; Roussos and Fawcett, 2000

Start date	ISP	Community Key Characteristics	Places, Locale,
Jan 2017	A sense of belonging arts programme	People with mental health problems who have an interest in the arts as part of their recovery journey & members of the public	Art galleries, cinemas, venues across Lothian
Dec 2014	GameChanger	Football fans, friends and families	Easter Road Football stadium
Sept 2013	Green space:art space	Patients, staff, carers and public	Royal Edinburgh Hospital Campus
June 2017	The Prospect Model	People living in Lothian who require psychological interventions	GP Practices A & E deps Community venues
April 2013	The Re:D Collaborative	People who have mental health and substance misuse in contact with the criminal justice system	Courts, Prison,Justice Centes;
Jan 2017	Rivers	People of all ages who have experienced significant trauma	Rivers Centre, Fountainbridge Library, Edinburgh

Methods

- Purposive sampling
- Gathering of in-depth information through individual semi-structured interviews.
- Based on knowledge, experience, seniority, ability to lever resources
- Participants are “mechanism” experts
- First-hand experience of the phenomenon under investigation.
- 3 individuals recruited 6 programmes – 18

Patton, 2002;Mason, 2015; Betrtaux, 1981

Framework analysis

Actors	Individuals, groups, and institutions who play a role in the implementation and outcomes of an intervention	Coded as the actions or actual practices of an individual, group or institution.
Context	Salient conditions that are likely to enable or constrain the activation of programme mechanisms.	Components of both the physical and the social environment that favour or disfavour the expected outcomes
Mechanisms	Underlying determinants or social behaviours generated in certain contexts	Any explanation or justification why a service or a resource was used by an actor to achieve an expected outcome
Immediate outcomes	Describes the immediate effect of the intervention	Describes the immediate effect of the intervention
Intermediate outcome	Intermediate outcomes	Intermediate outcomes
Long-term outcome	Refer to change in the medium- and long-term, such as a patient's health status, and impact on community and health system	Further/indirect impacts

Rigour and trustworthiness

- Broad literature review
- Theoretical and methodological choices
  - shared and debated with the supervisory team
  - increase robustness and completeness of the emerging findings
  - challenge the researcher's assumptions
- Explicit documentation of choices
- Evidence of how conclusions reached
-

Sandelowski, 1993 Maxwell, 1992 Whittlemore et al, 2001 Johnson,1999 Atkinson et al 1991 Hammersley, 1992

Reflexivity

- Personal characteristics, assumptions, beliefs, and potential bias that could influence enquiry will be explored throughout the project

Member checking

- Advisory Group will be recruited to support the research, they will review plans, findings and final outputs.
- People who are using the interventions provided by the ISPs and practitioners working with the ISPS.
- Further means to harness evidence or to answer questions of the cultural appropriateness of the interventions

Johnson and Waterfield 2004; Harris, 1994; Creswell and Miller 2000; Morse 1994

Ethics

Governance

- NHS Ethics Service
- QMU application for ethical approval

Informed consent

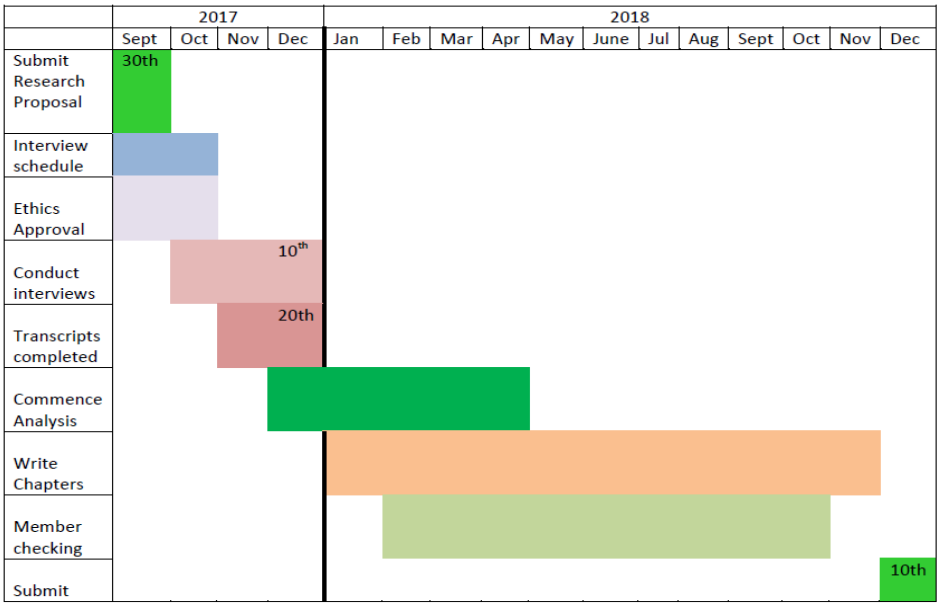
- information about background, aims, and procedures in advance verbally and in writing.
- voluntary nature of involvement; right to withdraw from the study at any stage without giving a reason.
- Benefits and risks explained.

Angen, 2000

Consent and Confidentiality

Informed consent secured from each participant.

- Agreement to audio-tape and transcribe the interviews,
- Store and analyse data
- Include citations in report(s).



Research Impact

- Understand common features of how intersectoral partnerships work
- Developed programme theory which could improve outcomes
- Pathway to inform Government policy
- Advancing method

In conclusion

- 6 programmes
- 18 participants
- Realist principles & Framework analysis
- Developed Programme Theory
- Clear pathway to impact

Meeting Two: February 2018

Purpose
To review timeline and project plan
To discuss initial analysis, identification of themes and spaces
To discuss initial CMO configurations

PROJECT PLAN

					2017				2018											
No	Task	Start	End	Duration (weeks)	May to Sept	Oct	No	De	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1	Complete Research Proposal	May	Nov	28																
	Ethics Approval	Nov	Dec	4																
1.1	Advisory Group Meeting 1	Dec	Dec	1																
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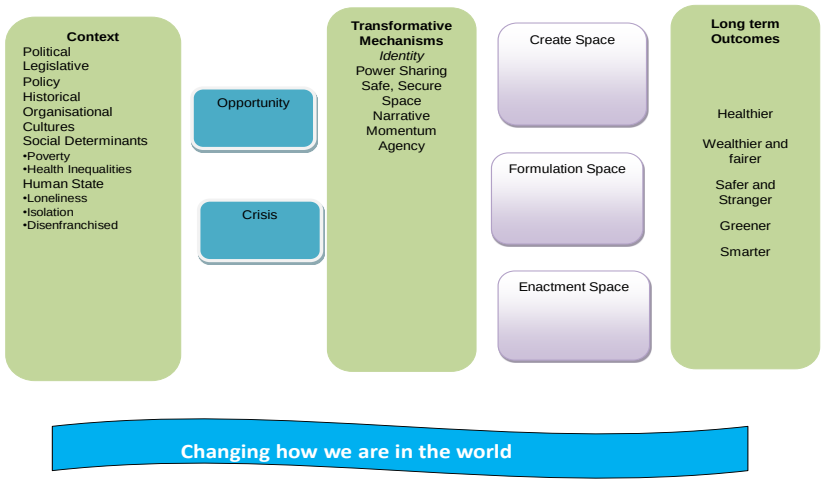


Context	Mechanisms	Intermediate Outcomes
Health Inequalities' social deprivation; illness model	Powersharing	Reduced isolation
Stigma / Shame	Sense of belonging	Increased social connectivity
Isolation	Explore identity – reciprocity	Increased hope
Extreme circumstances	Safe and secure	Personal satisfaction
Appeal	Validation	Increased agency
Interest	Expperience expereinces	New roles
Shared Values	Connectivity	Improved health behaviours
Wasting Resources	Creating Momentum	Timeliness of help
External funding	Narrative	
	Hopefulness	

Meeting Three: June 2018

Purpose
To recap on :

- Research Aims and Questions
- Initial Programme Theory – three stages
- Interview structure

To discuss:

- Results - five clusters
- Context Mechanism Outcomes Configurations
- Commonality across Context and Outcomes
- Diagram
- Workplan
- Thesis Structure

Research Aims

- Investigate Lothian ISPs and develop a “programme theory” of what works for whom, in what circumstances.
- Use a critical enquiry and realist informed approach to qualitatively explore the ISPs currently deployed in Lothian.
- Perspectives of realism and critical enquiry provides a systemic approach to unravel complex issues (Marchal et al. 2010, p. 207)
- Research will develop a new “programme theory” for future development of ISP which will seek to improve outcomes for people with multiple and complex needs

Research questions

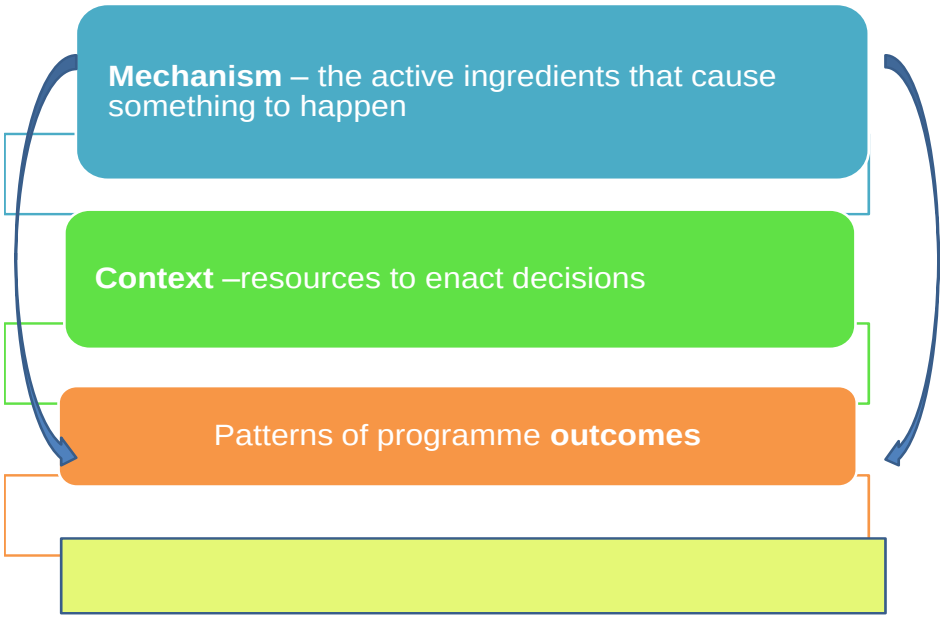
- What are the mechanisms that drive the ISPs in Lothian?
- What are the contextual factors that impact on the ISPs?
- How do the mechanisms and contexts interact?

Initial Programme Theory

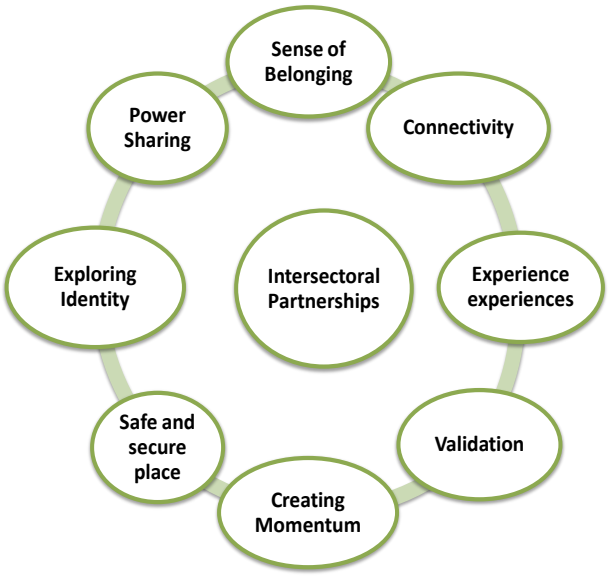
- Using a “programme” theory helps to move beyond the minutiae of particular programmes to focus on the main ideas within and across them (Pawson et al. 2005; Pawson 2006).
- Programme stakeholders are a key source of programme theory.
- Realist research begins with theory and ends, if it has been successful with a revised, more nuanced and more powerful theory (Pawson et al. 2005; Pawson 2006).

Building Initial Programme Theory

- Step One: brainstorming around issues context, mechanism, outcome
- Step Two: synthesis of context, mechanism, outcomes
- Step Three: synthesis of clusters
- Step four: further synthesis of context, mechanism, outcomes
-



Initial Programme Theory diagram



Interview Schedule

QUESTION focus	QUESTION probes
Opening	Please can you explain your role in (partnership name?) Why did you become involved?
Exploring Context 1	What kind of problem or issues might a person be having that might make it difficult for them to access mainstream services? (people may say they may have money problems, drug problems, they may feel stigmatized, they may not have good health literacy)
Exploring Context 2	What characteristics in the way the staff work with people are important? (Such as do you think it's important for people to have experience of MH issues, drug alcohol problems?) Do you think it's not important staff not judging and are empathetic?
Exploring mechanisms 1	Who is it that you think that you are reaching? Why do you think that people have participated in the activities and interventions of the partnership? What influence do you think "place" has had in terms of where activities and interventions, and the numbers or types of people participating? What ideally would you want a person to experience or gain when participating in the activities or interventions of the partnership
Exploring mechanisms 2	Could you explain your reasoning when [you do XXX thing] with a service user?
Exploring mechanisms 3	What ideally should happen to this person in terms of XXX?
Exploring mechanisms 4	When I have spoken to professionals, they have told me that X, Y and Z have helped service users. What do you think? Why? When do you think X, Y and Z would help? Why? Are there certain service users that X, Y and Z might help more? Alternatively, when X, Y and Z might not help? Why? How do you think the XXX system has affected how XXX is getting on? I am thinking that they may be doing things differently than before. How is it different?

Exploring Context 3 (NB: Characteristics of infrastructure etc)	Some have also told me that A, B and C gets in the way of service users doing well. What do you think? Why? There seem to be external factors affecting the way certain people progress, I am not talking now about XXX but more about things like XXX that may influence some of the decisions made…
Unintended Outcomes	Could you tell me has anything surprising happened? I am thinking about how XXX outcome is not supposed to happen but sometimes does. Have there been any unintended outcomes (use rivers example)
Known and unknown outcomes	In your opinion how appropriate is the resource used to do intervention XXX? If negative or ambiguous answer: In your view, what would it be an appropriate resource – how does these affect outcomes?
Exploring ideas to improve outcomes.	Suppose you did XXX differently, would this help outcomes do you think?
Exploring mechanisms to avoid unintended outcomes	I have read in another evaluation somewhere else that XXX works really well in some cases. Could you describe how would that benefit the people you work with?

Methods

- Purposive sampling
- Gathering of in-depth information through individual semi-structured interviews.
- Based on knowledge, experience, seniority, ability to lever resources
- Senior Leaders are “mechanism” experts
- First-hand experience of the phenomenon under investigation.
- 3 individuals recruited 6 programmes – 18

ISP	Community Key Characteristics	Places, Locale,
A sense of belonging arts programme	People with mental health problems who have an interest in the arts as part of their recovery journey & members of the public	Art galleries, cinemas, venues across Lothian
GameChanger	Football fans, friends and families	Easter Road Football stadium
Veterans First Point Lothian	Veterans. Families and supporters	One stop shop, city centre
The Prospect Model	People living in Lothian who require psychological interventions	GP Practices A & E deps Community venues
The Re:D Collaborative	People who have mental health and substance misuse in contact with the criminal justice system	Courts, Prison,Justice Centes;
Rivers	People of all ages who have experienced significant trauma	Rivers Centre, Fountainbridge Library, Edinburgh

Characteristics of research participants

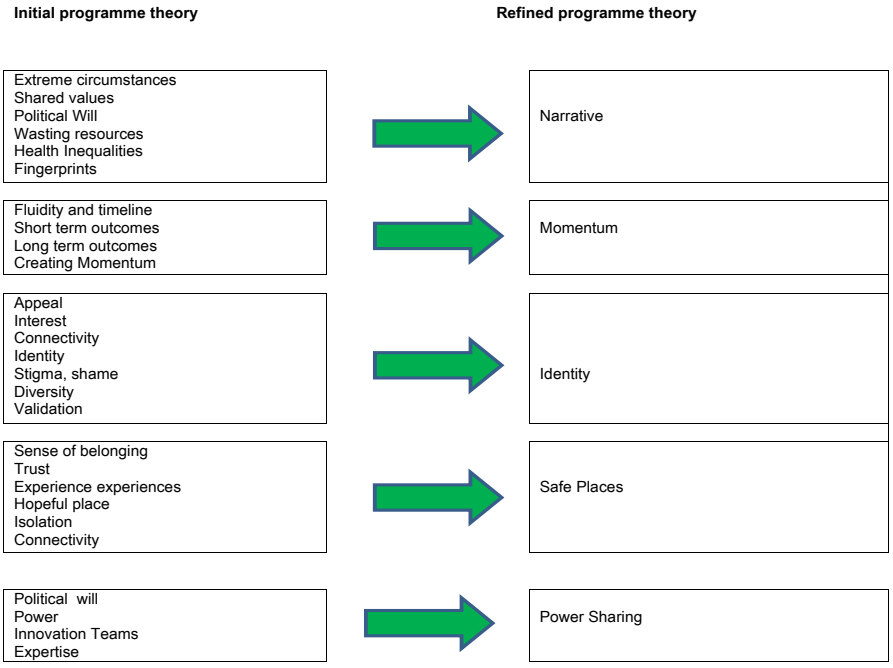
- Seniority/Management/ Influencing position in one or more ISP
- Understanding of current policy which is driving ISP
- Ability to comment on context, mechanism, outcome
- Willingness to participate in the study

Initial Coding Analysis

Context	Context refers to salient conditions that are likely to enable or constrain the activation of programme mechanisms.	Components of both the physical and the social environment that favour or disfavour the expected outcomes
Mechanisms	This refers to any underlying determinants or social behaviours generated in certain contexts	Any explanation or justification why a service or a resource was used by an actor to achieve an expected outcome
Immediate outcomes	Describes the immediate effect of the intervention	Describes the immediate effect of the intervention
Intermediate outcome	Intermediate outcomes	Intermediate outcomes
Long-term outcome	Refer to change in the medium- and long-term, such as a patient's health status, and impact on community and health	Further/indirect impacts

Quality, Rigour and Trust Worthiness

- All interviews recorded
- All interviews transcribed verbatim
- Immersion
- Line by Line Coding independently by three researchers
- Followed by discussion about accuracy of coding to coding structure
- Themed
- Further discussion - debating themes and applying the CMO configurations
- Identifying the taxonomy of the CMOs – across partnerships
- Maintaining reflexivity – discussion, reflection, personal challenge
- Good preparation of partially analysed materials for Advisory Group (Three
- Documented audit trail to the CMO configurations



CMO Configurations that relate to Narrative

Context	Mechanism	Outcome
Policy Social determinants Historical Perspectives	Establishing shared values Developing appeal Building credibility Seeing all perspectives as valid	*ISP Service Users* Authentic relationships with service providers Opportunities for different roles Reciprocity *ISP Staff* Increased Agency Congruence of values

CMO Configurations that relate to Narrative

- *"If we've not got that narrative, where does it go? What's the shared journey? How do we develop something together? I keep thinking about other things that are going on for me just now that's on my mind...Probably that's why they're not so successful, because people come to the table with very different ideas."*

(Public Sector).

The creation of an authentic narrative enabled greater participation and increased activities for the ISP and enabled service users to demonstrate reciprocity through the creation of new roles within the ISP.

CMO Configurations that relate to Momentum

Context	Mechanism	Outcome
Historical Perspectives Organisational Cultures	Desire for change Pace of Change	ISP Service Users Increased activities and initiatives ISP staff Enculturation ISP staff and Service Users Increased identification with the ISPs

CMO Configurations that relate to Momentum

- *"So it's being ambitious but realistic I always used to say - and still do. Because you can always have different phases of work and different phases of a partnership. But you need to achieve something initially to actually cement that partnership as well"*
  (Private Sector)

Traditional practices rooted in the public sector inhibited policy imperatives to be enacted. Desire for change by ISPs accelerated the pace of change which resulted in an increase of activities and initiatives for recipients and enculturation of practice in partner organisations which lead to increased identification for ISP service users and staff.

CMO Configurations that relate Safe Secure Base

Context	Mechanism	Outcome
Social determinants Organisational cultures	Creating a safe psychological space Using spaces with ascribed meanings	ISP Service Users Increased psychological safety Increased emotional capital ISP Staff Authentic relationships with partners Greater reach

CMO Configurations that relate to Safe Secure Place

- *"It's a way of working and you know this better than me, it's that trusting relationship and that doesn't need to be a physical space. That is - you know, that conversation or picking up the phone or knowing that you'll be listened to or that something won't be repeated or that you won't be judged. Particularly if things are not going great and you don't want to be participating at the moment for whatever reason"".*

(3rd Sector)

Creating a safe psychological space and use spaces with ascribed meanings enabled increased psychological safety and emotional capital for service users and consequently enabled greater reach for the ISPs through more authentic relationships with ISP service users.

CMO Configurations that relate to Identity

Context	Mechanism	Outcome
Historical Perspectives	Challenging identity Redefining identity	ISP Service Users Increased opportunities Increased social capital IP Staff: Different Relationship with participants Clarity of purpose

CMO Configurations that relate to Identity

- *"But they (service users) were speaking as equal partners and recognising the role they actually - what they were actually able to offer. For me, that's what was different. That was a shift in my thinking about how the Re:D approach was actually working. It was about brokering these kinds of relationship."*

(Public Sector)

Societal expectations and representations of people with multiple and complex needs often impeded the enactment of policy and legislative changes. ISPs offered opportunities fro challenging and redefining identity which lead to Increased opportunities and social capital for service users, different relationships for ISP staff and partnerships having greater clarity of purpose.

CMO Configurations that relate to Power

Context	Mechanism	Outcome
Historical Perspectives Organisational Cultures Social determinants	Talking about power Understanding power	ISPs Service Users and ISP Staff Power sharing Power shifting

CMO Configurations that relate to Power

- *"Without an analysis of power or neoliberalism (..) then service user involvement is being co-opted. If you don't unpick some of that power stuff, then you're just replicating the same stuff"*

(3rd Sector)

Participants discussed power and power sharing from different perspectives, both within the interplay and dynamics of the partnership and the power status they perceived their role or organisation to have external to the partnership and internally within the partnership. Power sharing and power shifting were outcomes for both ISP service users and staff.

PROJECT PLAN

					2017				2018												
No	Task	Start	End	Duration (weeks)	May to Sept	Oct	No	De	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
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Meeting 4: October 2018

Purpose
To discuss CMO configurations
To discuss refined programme theory

Refresh

Aims

- This research will use a critical enquiry and realist informed approach to qualitatively explore the ISPs currently deployed in Lothian.
- The research will develop a “programme theory” for future development of ISP which will seek to improve outcomes for people with multiple and complex needs

Research questions

- What are the mechanisms that drive ISPs in Lothian?
- What are the contextual factors that impact on the ISPs?
- How do the mechanisms and contexts interact?

Where I am at...

Completed

- Methods and Methodology
- Results

In middle of

- Discussion and So What
- Lit Review
- Introduction

Still to do

- Conclusion
- Read through
- Edits
- Draft to supervision team

PROJECT PLAN

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7	Advisory Group 3	Oct	Oct	1														9th		
8	Advisory Group 4	Nov	Nov																6th	
9	Participants Feedback	Nov	Nov																8th	
10	Submit draft to Supervisors	Nov	Nov	2																
11	Return draft to Linda																			15th
12	Amendments to drafts																			25th
13	Submit	Dec	Mar																	10th

Momentum	Organisational Cultures	Desire for change Pace of Change	Emotional connectivity Aspiring to sustainability Increased societal awareness Transformed world view
Safe, secure spaces	• Historical Perspectives • Organisational Culture	• Creating a safe psychological space • Creating a safe meeting space • Using spaces with ascribed meaning	• Increased psychological safety • Authentic relationships • Greater reach
Identity	• Historical Perspectives	• Challenging professional identity • Redefining professional and personal identity	• Increase in social capital and social cohesion • Different Relationships with participants • Clarity of purpose
Narrative	• Historical Perspectives • Policy • Social determinants of health	• EstaDeveloping appeal • Seeing all perspectives as valid • blishing shared values	• Authenticity of relationships & decision making • Commitment to ISPs • Fluidity of relationship
Power	• Historical Perspectives • Organisational Cultures • Social determinants of health	• Talking about power • Understanding power	• Power sharing • Power shifting

CMO Configurations that relate to Narrative

- *"If we've not got that narrative, where does it go? What's the shared journey? How do we develop something together? I keep thinking about other things that are going on for me just now that's on my mind...Probably that's why they're not so successful, because people come to the table with very different ideas."*

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The creation of an authentic narrative enabled greater participation and increased activities for the ISP and enabled service users to demonstrate reciprocity through the creation of new roles within the ISP.

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(Private Sector)

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(3rd Sector)

Participants discussed power and power sharing from different perspectives, both within the interplay and dynamics of the partnership and the power status they perceived their role or organisation to have external to the partnership and internally within the partnership. Power sharing and power shifting were outcomes for both ISP service users and staff.

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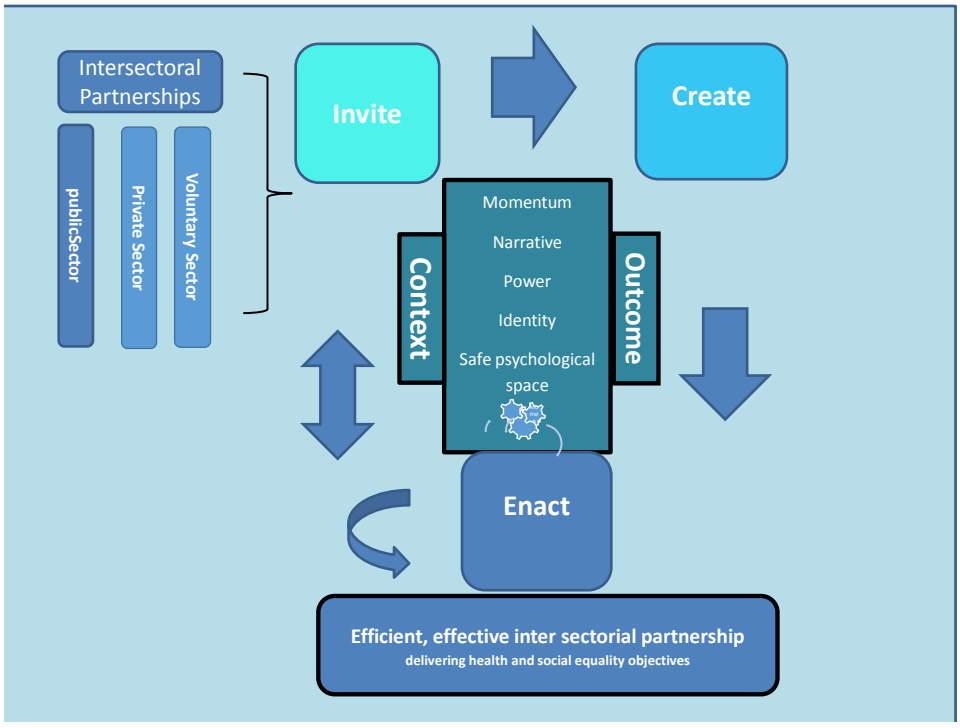


Meeting Five: 20 November 2018

Purpose of Meeting:
To discuss refined programme theory
To discuss proposed recommendations for:

- The Scottish Government
- Practice
- Further Research

Refresh

Aims

- This research will use a critical enquiry and realist informed approach to qualitatively explore the Intersectoral Partnerships (ISPs) currently deployed in Lothian.
- The research will develop a "programme theory" for future development of ISP which will seek to improve outcomes for people with multiple and complex needs

Research questions

- What are the mechanisms that drive ISPs in Lothian?
- What are the contextual factors that impact on the ISPs?
- How do the mechanisms and contexts interact?

Where I am at...

Completed

Presented to participants

Draft thesis completed

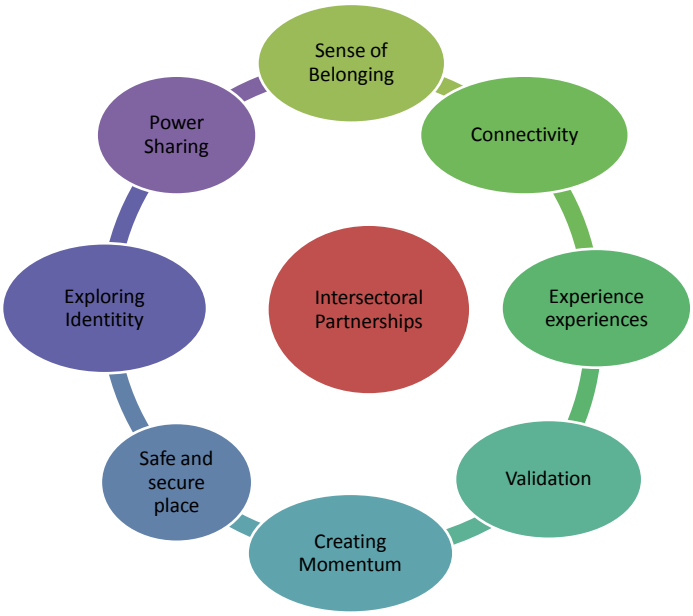
In middle of

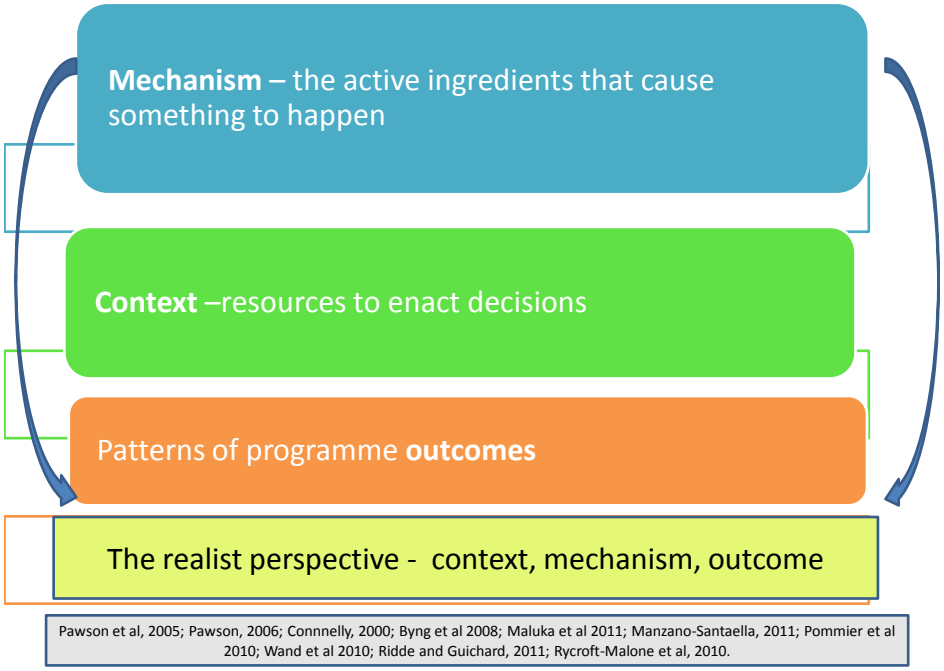
- Finessing

Still to do

- Receive comments on full draft from Supervision Team
- Comments from today
- Edits
- Add references and tables

- **D – day - 10 December**


Sense of Belonging
Connectivity
Experience experiences
Validation
Creating Momentum
Safe and secure place
Exploring Identitity
Power Sharing
Intersectoral Partnerships


Mechanism – the active ingredients that cause something to happen
Context –resources to enact decisions
Patterns of programme **outcomes**
The realist perspective - context, mechanism, outcome
Pawson et al, 2005; Pawson, 2006; Connnelly, 2000; Byng et al 2008; Maluka et al 2011; Manzano-Santaella, 2011; Pommier et al 2010; Wand et al 2010; Ridde and Guichard, 2011; Rycroft-Malone et al, 2010.

Theme	Context	Mechanisms	Outcomes for partnership
Momentum	Organisational Cultures	Desire for change Pace of Change	Emotional connectivity Aspiring to sustainability Increased societal awareness Transformed world view
Safe, secure spaces	Historical Perspectives Organisational Culture	Creating a safe psychological space Creating a safe meeting space Using spaces with ascribed meaning	Increased psychological safety Authentic relationships Greater reach
Identity	Historical Perspectives	Challenging professional identity Redefining professional and personal identity	Increase in social capital and social cohesion Different Relationships with participants Clarity of purpose
Narrative	Historical Perspectives Policy Social determinants of health	Developing appeal Seeing all perspectives as valid Establishing shared values	Authenticity of relationships and decision making Commitment to ISPs Fluidity of relationship
Power	Historical Perspectives Organisational Cultures Social determinants of health	Talking about power Understanding power	Power sharing Power shifting

CMO: Momentum

- The study indicates that to maximise pace of change and develop momentum, partnership members need to feel emotionally connected which in turn spurs further momentum which continues to transform their worldview which may then begin to reshape organisational cultures.
- Importance of how an ISP needs to interlock the "story" or the ISP narrative with momentum and the momentum will in turn become part of the story rather than a more traditional narrative with beginning, middle and end.

CMO: Safe Spaces

Creating a relational space, a **safe psychological space**, needs to be seen in a temporal perspective as well as dynamic and fluctuating as the ISPs involved individuals on different trajectories evolving in their relationships .

Creation of a safe psychological space often in places with ascribed meaning increased the reach and impact of the ISPs.

CMO: Identity

- Participants described how their involvement in the ISP gave them a chance to explore self-identity and being or alternatively exploring the concept of the 'person-in-context' as a way of examining the person's relationship to the world based on the position s/he inhabits within it .
- Some participants reflected on how their initial motivation to become a health / social care professional was "reactivated" by their involvement in the ISP.
- Others spoke of how the ISPs had enabled their personal identity, often described in terms of their value base, to become more enmeshed with their professional identity which had reduced cognitive dissonance they may have experienced.
- Study has identified the significance of the interplay of professional and personal identity in relation to participants' roles within the ISP and the subsequent impact of this in their life roles ouwith the ISPs.

CMO: Narrative

- Identifying the shared values, viewing all perspectives as valid, and creating appeal, whilst taking due cognisance of historical perspectives of stakeholders around roles contribute to a fluid and adaptable **narrative** in order to promote authenticity and lasting commitment to the ISP.

CMO: Power

Participants discussed power and power sharing from different perspectives, both within the interplay and dynamics of the partnership and the power status they perceived their role or organisation to have external to the partnership and internally within the partnership.

Power sharing and power shifting were outcomes for both ISP service users and staff.

Importance of Phases

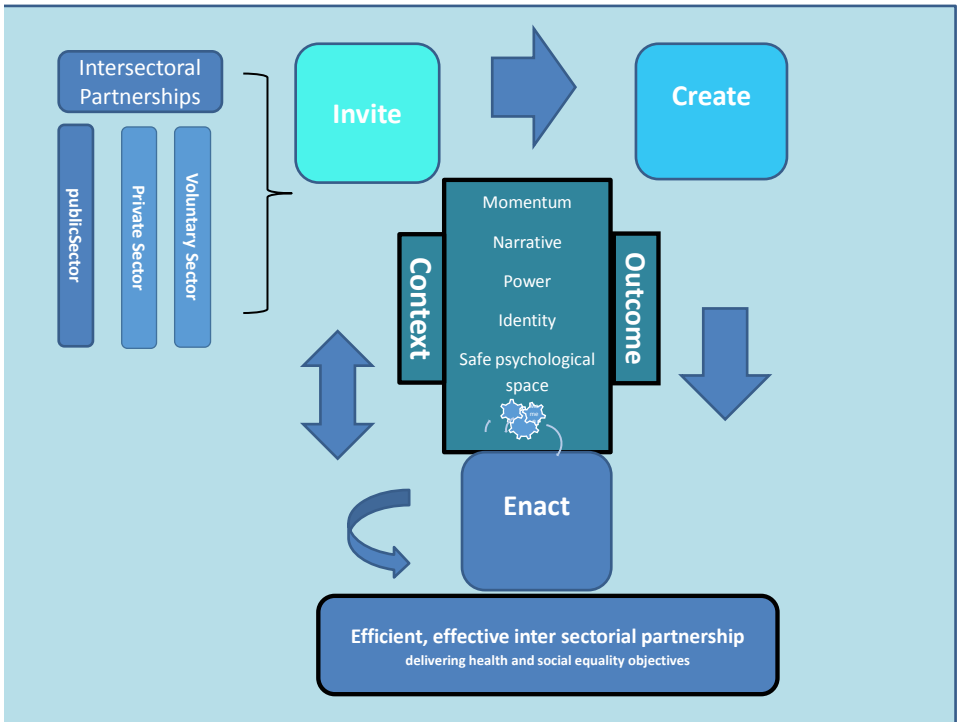
- Initial welcoming **invite** space evokes curiosity, built upon this curiosity by using different and novel approaches in the invite space resulted in people coming together with a sense of shared inquiry and desire for action.
- within the **create** space that the importance of acknowledging a plurality of discursive styles was explored; willingness to countenance the validity or value of alternative knowledge or practices in another.
- Within the **enactment** space the need for "formulation" often occurred to enable new participants to reach that shared understanding of the ISP narrative mechanisms of establishing shared values, developing appeal (and seeing all perspectives as valid were understood .

Phases and Spaces

- Concept of "Third Space" (Lefebvre, Foucalult, Soja). purposefully tentative and flexible term that attempts to capture what is a constantly shifting and changing milieu of ideas, events, appearances and meanings (Soja, 1996: p2).

- Spaces identified by the participants in the current study – invite, create and enact, can all be defined as this "third space" and create spaces for themselves (Soja 1996).

- The present study adds to the understanding that creating shared practices where people can be attentive and open with one another in ways which encourage mutual responsibility for the quality of "our lives together" (Fielding, 2004).



incite

- **Policy recommendations for the Scottish Government**
- **Key practice recommendations**
- **Directions for future research**

Communication and Dissemination Plan

Policy recommendations for the Scottish Government

- should consider the findings of this study and the implications for workforce planning and curriculum development for public, private and third sectors.

- consider the development of a set of standards which would inform the development of intersectoral partnerships as a care component of the skill set of the public, private and third sector workforce.

- apply the principles of the Incite Model across their cross party and cross policy working groups.

Policy recommendations for the Scottish Government

- consider the application of the Incite Model to specific policy areas which they have highlighted in policy documents that require intersectoral partnership responses to tackle intractable issues.

- Realising the full potential of culture for everyone and every community**.**

- Confirm and endorse the Incite model to address further specific societal issues

- Commission the Incite model identifying resources for dissemination and implementation to the public, the sectors and further research.

- commission a series of regional seminars that are strategically positioned and aligned with community planning partnerships commencing with a Scottish wide conference which will identify and confirm issues and locales for intersectoral partnerships.

Key practice recommendations

- All leaders of organisations and sectors within each community planning partnership should consider the findings of this study and consider the implications for local workforce planning

- Community Planning partners should implement ISP set of standards which will inform and develop intersectoral partnership as a core component of the skill set of the public, private and third sector workforce.

- Community Planning Partners should apply the principles of the modal across their identified issues and challenges which require an intersectoral partnership response.

Key practice recommendations

- Community Planning Partnerships should disseminate and make use of the programme theory to drive forward the development of local intersectoral partnerships.

- Community Planning partnerships should agree one specific policy area that they will create an ISP for using this study's model.

- Community Planning Partnerships should identify the issues and challenges within their locale that require an intersectoral partnership and ensure their input to the Scottish wide conference in Autumn / Winter 2019.

Directions for future research

- Undertake a qualitative study which will explore citizens reaction to the model and their views on their contribution to how the model works.
- Development of manuals to operationalise the theoretical constructs which can serve as research protocols.
- Develop research instruments that will effectively operationalise and measure the theoretical constructs in a reliable and valid way.
- To develop a realist evaluation protocol using the manuals and instruments to assess the implementation of ISPs across Scotland.
- Development of international research partnerships for example building on the Thrive network to initiate the use of the research protocol across countries

Communication and Dissemination Plan

- Outline of the study and findings in bulletin formats
- Development of messages related to why intersectoral partnerships can tackle societal issues
- Identification of messages to feed social media outlets e.g. blogs and twitter
- Development of messages about intent of research for mainstream media
- A short reflective note on methods used, issues arising and how these were resolved or managed.
- Development of messages to share with policy makers.
- A summary of key findings, and recommendations, and actions in an 'actionable' format.
- Development of materials for stakeholders in an online manual for intersectroal participants
- A minimum of two papers published in peer review journals
- Presentations to commissioning and practice based conferences with frontline practitioners, citizens and strategic stakeholders

Appendix 2: Diagram and initial programme theory

Table 12: Draft programme theory for use in interviews

Contexts	Mechanism	Intermediate Outcome
Health inequalities **Social deprivation** **Illness model**	Power Sharing • Fingerprints • Ownership • Influence	Timeliness of help Improved health behaviours Increased agency
Stigma **Shame**	Sense of belonging • Sense of community • Not aloneness • Group identity	Increased social connectedness
Isolation	Explore identity • Exploring new things Reciprocity • Giving back • Skill sharing	Reduced isolation Increased participation
Extreme circumstances	Safe and secure • Trust • Non-judgemental relationships	Increased agency New roles Increased hope
Appeal	Validation • Peer validation • Validation	
Interest	Experience experiences • Finding a way in	
Shared values	Connectivity • Part of something bigger	Personal satisfaction Increased stakeholder involvement
Wasting resources	Creating momentum • Trigger changes • Domino effect	Increased agency

Figure 3: Diagram used to help frame the realist interviews

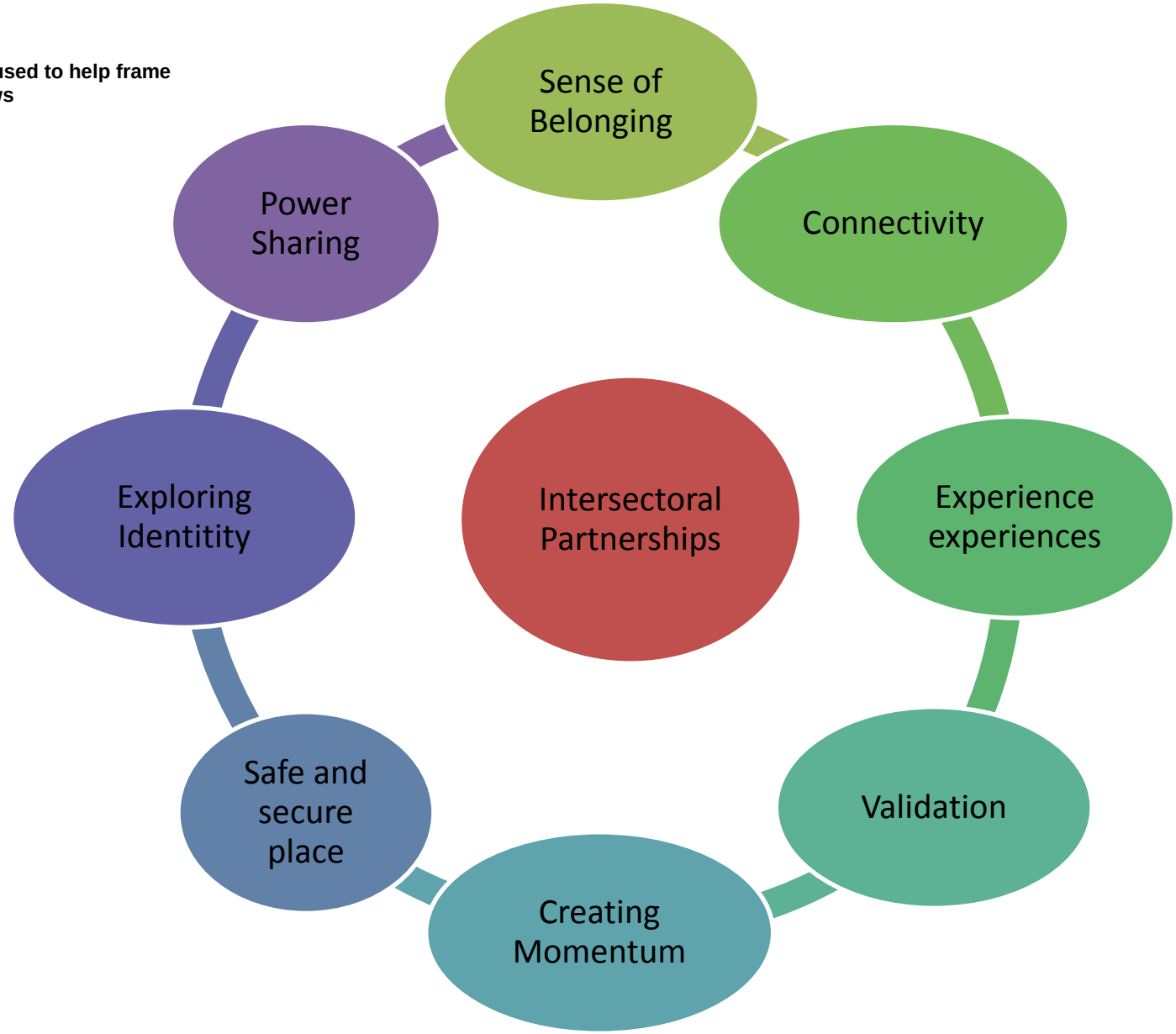


Figure 4: Secondary diagram used to help frame the realist interviews

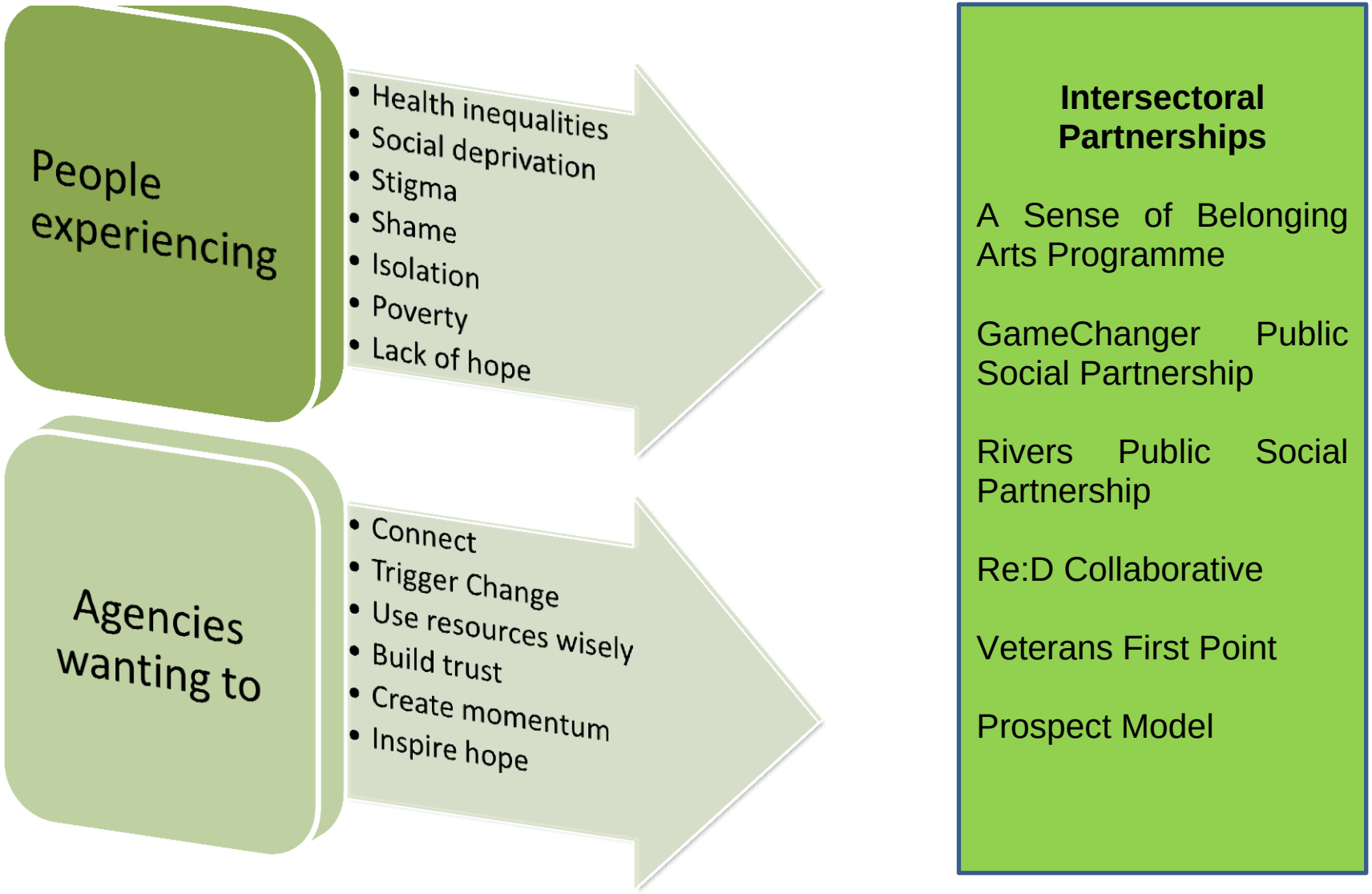
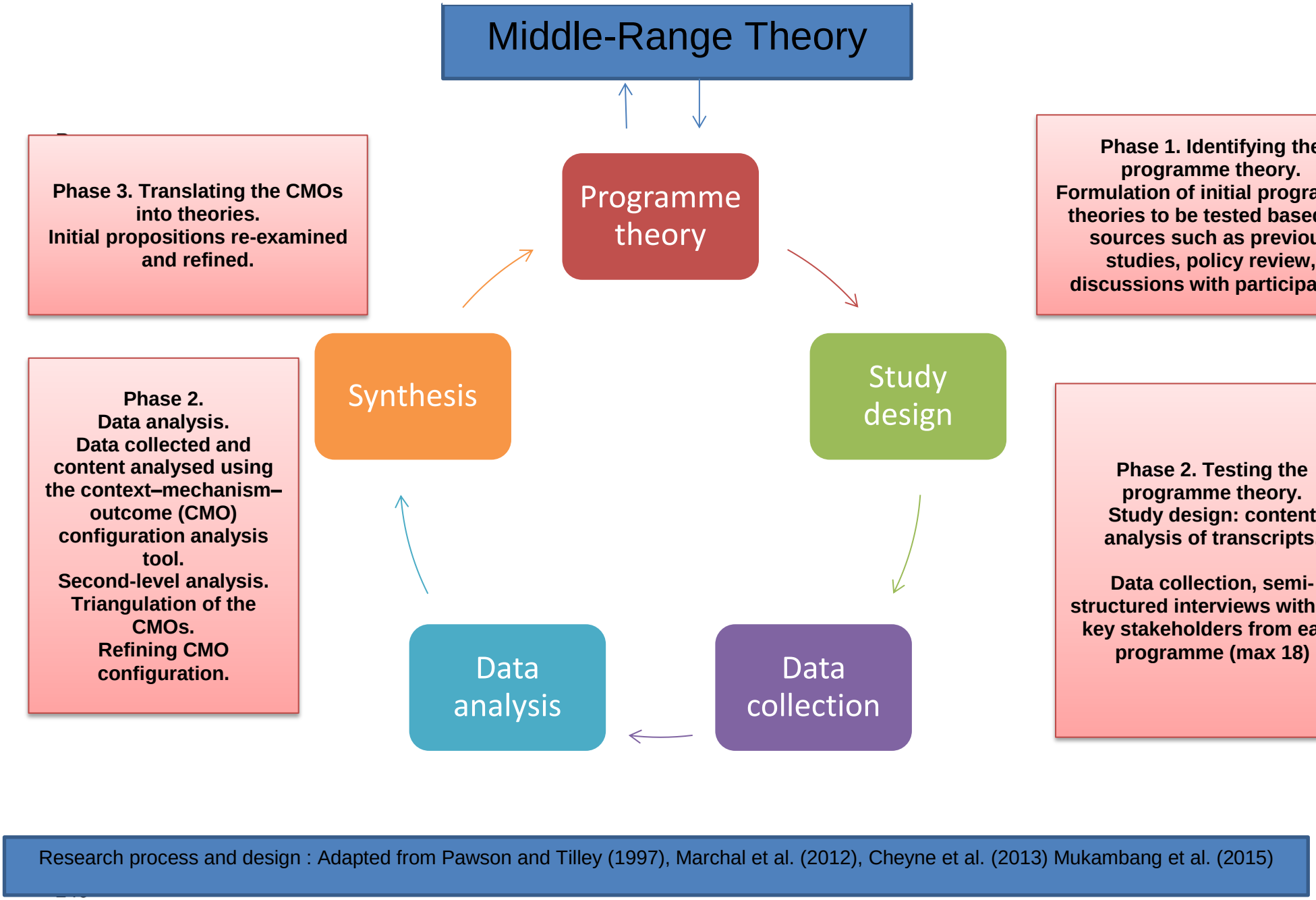


Figure 5: Realist theory development process



Research process and design : Adapted from Pawson and Tilley (1997), Marchal et al. (2012), Cheyne et al. (2013) Mukambang et al. (2015)

Appendix 3: Ethics form (submitted November 2017)

Queen Margaret University
EDINBURGH

For Office Use Only

Ref. Number	
Assigned Reviewers	
Outcome	☐ Granted ☐ Amendments ☐ Rejected

APPLICATION FOR ETHICAL APPROVAL FOR A RESEARCH PROJECT

This is an application form for ethical approval to undertake a piece of research. Ethical approval must be gained for any piece of research to be undertaken by any student or member of staff of QMU. Approval must also be gained by any external researcher who wishes to use Queen Margaret students or staff as participants in their research.

Please note, before any requests for volunteers can be distributed, through the moderator service, or externally, this form MUST be submitted (completed, with signatures) to the Secretary to the Research Ethics Panel (ResearchEthics@qmu.ac.uk).

You should read QMU's chapter on "Research Ethics: Regulations, Procedures, and Guidelines" before completing the form. This is available at: http://www.qmu.ac.uk/quality/rs/default.htm

The person who completes this form (the applicant) will normally be the Principal Investigator (in the case of staff research) or the student (in the case of student research). In other cases of collaborative research, e.g. an undergraduate group project, one member should be given responsibility for applying for ethical approval. For class exercises involving research, the module coordinator should complete the application and secure approval.

The completed form **should be typed** rather than handwritten. **Electronic signatures** should be used and the form should be **submitted electronically**.

Checklist: Documents enclosed with application

Please note that any application with missing relevant documentation will be returned to the applicant.

Enclosed (please tick)	Not applicable (please tick)	Document name
☑	☐	**Research protocol or proposal**
☑	☐	**Participant Information Sheet(s) (PIS)**
☑	☐	**Participant consent form(s)**
☐	☑	**Copies of recruitment advertisement material**
☐	☑	**Sample questionnaires (please detail below)**
☑	☐	**Interview schedules or topic guides**
☐	☑	**Letter(s) of support from any external organisations involved in the research**
☐	☑	**If interacting with potentially vulnerable groups, please provide the following information for checks by authorised personnel:** **PVG[3] Membership No:** **Disclosure Number (unique to each certificate):** **Date of issue:**
☑	☐	**Risk assessment documentation**
☐	☑	**Any other documentation (please detail below)**

Section A: Applicant details

[3] Protecting Vulnerable Groups – This membership scheme was introduced by the Scottish Government to improve disclosure arrangements for people who work with vulnerable groups. When you provide us with the certificate identification number for your PVG status, only authorised countersignatories for this scheme within the university will have access to your PVG records. The Research Ethics Panel and assigned reviewers will not have access or knowledge of your PVG records. Please be aware that if you are barred from working with the research population in your research application, and the PVG countersignatories have been made aware of your application, processes for Fitness to Practice will be triggered within the university.

A1. Researcher's name: Linda Irvine

a. Post: Prof doc student
b. Qualifications: BA; MSc
c. Contact email: Irvine, Linda (Linda.Irvine@nhslothian.scot.nhs.uk)

A2. Category of researcher (please tick and enter title of programme of study as appropriate):

☐	QMU undergraduate student Title of programme:
☐	QMU postgraduate student – taught degree Title of programme:
☑	**QMU postgraduate student – research degree professional doctorate**
☐	QMU staff member – research degree
☐	QMU staff member – other research
☐	Other (please specify) Details:

A3. School: Health Sciences

A4. Division: Health Sciences

A5. Subject area:

A6. Name of Supervisor or Director of Studies (if applicable): Dr Donald Maciver, Dr David Banks, Dr Gillian Baer

A7. Names and affiliations of all other researchers who will be working on the project:

First name	Last name	Position	Affiliation	Role on project

Section B: Research details

B1. Title of study: Realist informed qualitative study of Intersectoral Partnerships (ISPs)

B2. Expected start date: December 2017

B3. Expected end date: Thesis submission December 2018

B4. Protocol or proposal version: version 1
(please follow naming format – short_title_yyyymmdd_version_number)

Intersectoral Partnerships 21071201 v1

B5. Protocol date: 20171201

B6. Details of any grants/funding/financial support for the project from within/outside QMU:
N/A

B7. Do you plan at any stage of the project to undertake research involving adults lacking capacity to consent for themselves?
☐ Yes ☑ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. If you answered yes, please refer to the online training module by University of Leicester and University of Bristol on 'Adults lacking capacity to consent for research' for further information:
https://connect.le.ac.uk/alctoolkit/
Your research may require approval by an authorised Research Ethics Committee (e.g. NHS Research Ethics Committee).If in doubt, please contact QMU Research Ethics Panel for further advice (ResearchEthics@qmu.ac.uk).

B8. Do you plan to include any participants who are children?
☐ Yes ☑ No

Answer Yes if you plan to recruit participants aged under 16. Please also ensure that question F6 is answered.

B9. Do you plan at any stage of the project to work with human tissue samples (or other human biological samples) and data?
☐ Yes ☑ No

If you answered Yes to question B9, please also ensure that Section G is completed. To obtain a copy of Section G, please email ResearchEthics@qmu.ac.uk.

Section C: Overview of the research

C1. Summary of the study.
Please provide a brief summary of the research (maximum 300 words) **using language easily understood by lay reviewers and members of the public.** Please note that this summary may be published in the public domain.

There are increasing number of people whose wellbeing is limited by a complex interplay of life experiences, social determinants, contextual factors and health conditions. We consider these individuals to include but not be limited to people:

- with severe and enduring mental health problems
- who are in contact with criminal justice system
- with substance misuse problems
- whose life opportunities are limited due to income
- who have experienced significant trauma

Despite policy imperatives, interventions and services to address problems there remains a lack of systematic knowledge and practice relating to what works, for which people, and under which set of circumstances. Within Lothian, a number of innovative intersectoral programmes (ISPs) have been developed and deployed. The ISPs are collaborations between public, business and charity enterprises.

Lothian ISPs provide support to individuals, but have been developed in terms of specific patient groups, specific geographical locations or in respect to a specific statutory service requirements. Common features of good practice are apparent, but obscured by different models for provision, apparently dissimilar client groups and diversity of providers and contributors.

This research aims to develop a new "programme theory" to understand how Lothian ISPs lead to outcomes, to identify salient barriers and enabling factors, and the mechanism through which change occurs within the ISPs.

Data will be gathered from key informants (all professionals from partner agencies in including NHS) from across ISPs using qualitative interviews. 18 interviews will be completed from 6 ISPs.

A clearer, more rigorous and systemic understanding of ISPs is necessary to reach a more informed understanding of how programmes can be scaled up and spread.

The eventual aim is to produce a programme theory will then be useful for future policy and intervention development to innovate to create space and opportunities to propel people with multiple and complex needs to engage in health seeking and life changing opportunities.

C2. Summary of main issues.

Please summarise the main ethical, legal, or management issues arising from your study and say how you have addressed them. Not all studies will raise significant issues. Some studies may have straightforward ethical or other issues that can be identified and managed routinely. Others may present significant issues requiring further consideration by other review bodies (as appropriate to the issue).Studies that present a minimal risk to participants may raise complex organisational or legal issues. You should try to consider all the types of issues that the different reviewers may need to consider.

This is a low risk study gathering data from professional staff on their professional activities and areas of expertise. However, it is important to be mindful of coercion of participants, as the student is a senior NHS professional herself who has instigated the study for a professional doctorate and who has pre-existing professional relationships with some of the staff and services that may be involved in the study. To account for this, the study participants will be provided with information via emails and print. Personnel will also be approached by the researcher directly. No-one will be personally recruited to the study by a direct line manager. All participants will provide written informed consent. Each participant is assured that they could withdraw from the study at any time, and that their participation and views would remain confidential. As the Partnerships are unique the participants anonymity y cannot necessarily be guaranteed due to their role and position within the IPSs, The researcher has made this explicit within the information sheet which will be sent to all potential participants as part of the consent process.

C3. What is the principal research question/objective/aim?
Please put this in language comprehensible to a lay person.

To better understand how Intersectoral Partnerships (IPSs) within Lothian work, how they achieve their outcomes and what learning can be taken forward into future IPS development.

C4. What are the secondary research questions/objectives/aims if applicable?
Please put this in language comprehensible to a lay person.

What are the mechanisms that influence or drive outcomes in the ISPs (how do ISPs achieve their outcomes)? What are the contextual factors that have the most impact on the ISPs (what policy, financial, environmental or other factors influence ISPs)?

C5. What is the academic/scientific justification for the research?
Please put this in language comprehensible to a lay person.

Research reviews highlight a lack of clarity in relation to the nature, purpose and interventions implemented to improve outcomes for people with complex needs Few studies focus on the role of interrsectoral partnerships (ISP) and how they can assist to improve outcomes for people. . Moreover, targeting interventions to improve outcomes for people with complex needs is dependent on a comprehensive underpinning theory, which is often absent in practice. This leads to a situation whereby enhancement of outcomes using innovations (such as ISPs) is often an aspiration, but reliable, theoretically driven guidelines for how to do this are not available. Without research it not possible to reliably identify key features required to improve intersectoral working in order to improve outcomes.

This current research will explore ISPs in various sites and situations in Lothian which focus on people with complex and multiple needs. This research will develop an understanding of context, mechanisms and outcomes to inform future evaluation strategies and development. It is imperative to analyse the ISPs currently deployed in Lothian. There is a need to understand these public health interventions and programmes that are emergent, and attempting to be participatory. The researcher aims to isolate what activities may contribute toward outcomes, this is essential for policy makers and practitioners going forward. The lens of realism and critical enquiry provides a systemic approach to unravel complex and "wicked" issues. The research will develop a "programme theory" of how the different ISPs are linked, what their common features are, what their mechanisms are and what the context are.

This research forms the thesis element of a professional doctorate, and has passed XD011 Doctoral Research - Assessed Seminar. Assessors (Drs Wendy Beautyman and Lindesay Irvine) noted excellent justification for the work and synthesis of materials to support the research using policy and robust evidence.

Section D: Design and Methodology

D1. Research procedures to be used: please tick all that apply.

Tick if applicable	
☐	Questionnaires (please attach copies of all questionnaires to be used)
☑	Interviews (please attach summary of topics or interview schedule to be explored)
☐	Focus groups (please attach summary of topics or interview schedule to be explored / copies of materials to be used)
☐	Experimental / Laboratory techniques (please include full details under question D2)
☐	Use of email / internet as a means of data collection (please include full details under question D2)
☐	Use of materials that are subject to copyright (please include full details under question D2 and confirm that the materials have been / will be purchased for your use)
☐	Use of biomedical procedures to obtain human tissues (or other biological

	materials) (please include full details under question D2 and Section G. Also include subject area risk assessment forms, where appropriate)
☐	Other technique / procedure (please include full details under question D2)

D2. Please summarise your design and methodology.
It should be clear exactly what will happen to the research participant for research involving human participants. Please complete this section in language comprehensible to the lay person. Do not simply reproduce or refer to the protocol.

A qualitative approach will be adopted using critical enquiry and realism as underpinning frameworks. Semi-structured interviews will be used to capture the experience of professionals with experience of providing intersectoral partnerships to people with complex health issues and life circumstances. The study employs purposive sampling to facilitate the gathering of in-depth information about issues of central importance to the enquiry. In order to capture and describe common themes as well as unique perspectives 18 individuals will be recruited from 6 ISPs. Participants will be invited to participate and given comprehensive information about the study in advance. They will also be advised that they can withdraw at any time.

The study will use framework analysis. Framework analysis is an analytical process which allows themes or concepts identified a priori to be specified as coding categories from the outset and to be combined with other themes or concepts that emerge de novo. The analytic procedure of framework analysis involves initial familiarisation with the material, identification of a thematic framework, indexing of the data according to the framework, charting the main themes, and finally mapping and interpreting the data.

An Advisory Group comprising of people who have used or deliver interventions with the ISP will be established. This group will meet a minimum of three times within the research period.

D3. Does your research include the use of people as participants?
☑ Yes ☐ No

Answer No if your project involves secondary analysis of collected data.
If you answered Yes to question D3, please ensure that Section F is completed.

D4. Does your research include the experimental use of live animals?
☐ Yes ☑ No

If you answered Yes to question D4, please note that the university is not insured to experiment on live animals. Please attach the insurance coverage certificate to this application for review. Please check and ensure that appropriate university insurance is

in place to cover the work. If in doubt, please contact Karen Sinclair (Head of Finance, ksinclair@qmu.ac.uk) on insurance coverage.

D5. Does your research involve experimenting on plant or animal matter, or inorganic matter?

☐ Yes ☑ No

If you answered Yes to question D5, please check and ensure that appropriate university insurance is in place to cover the work. If in doubt, please contact Karen Sinclair (Head of Finance, ksinclair@qmu.ac.uk) on insurance coverage. Please attach the insurance coverage certificate to this application for review.

D6. Does your research include the analysis of documents, or of material in non-print media, other than those which are freely available for public access?

☐ Yes ☑ No

If you answered 'Yes' to Question D6, give a description of the material you intend to use. Describe its ownership, your rights of access to it, the permissions required to access it and any ways in which personal identities might be revealed or personal information might be disclosed. Describe any measures you will take to safeguard the anonymity of sources, where this is relevant:

This text box will expand as required.

D7. Will any restriction be placed on the publication of results?

☐ Yes ☑ No

If you answered 'Yes' to question D7, give details and provide a reasoned justification for the restrictions. (See Research Ethics Guidelines Section 2, paragraph 7)

This text box will expand as required.

D8. Who will have access to participants' personal data during the study?
Where access is by individuals outside the research team or direct care team (health research), please justify and say whether consent will be sought.

Researcher: Linda Irvine

Supervision Team: Dr Donald Maciver, Dr David Banks, Dr Gillian Baer

D9. How long will personal or personally identifiable data be stored or accessed after the study has ended?
Please note this question only relates to retention of personal or personally identifiable data.

☐ Less than 3 months
☐ 3 – 6 months
☑ 6 - 12 months
☐ 12 months – 3 years
☐ Over 3 years

It is recommended that data containing personal details that would lead to the identification of participants should be destroyed **as soon as possible**. Examples of personally identifiable data include participants' email addresses, NHS/CHI numbers, expressions of interest etc., BUT NOT consent forms. Personally identifiable data should be stored separate from the anonymised data to prevent linkage. If potential participants have provided you with their contact details, this information should only be retained until they have consented or refused to participate in the research. However, if a participant noted that they would like to receive a summary of the research, it would be appropriate to retain their contact details until this summary has been sent out.
See the following for advice on data handling:
http://www.lancaster.ac.uk/shm/study/doctoral_study/dclinpsy/onlinehandbook/ethics_and_data_storage_advice/

D10. For how long will you store research data generated by the study? State if the data will be stored for an infinite time period.

In compliance with Queen Margaret University Research Data Management Policy all electronic media will be retained for 10 years subsequent to the end of the project on password protected devices.

D11. Please give details of the short term (duration of project) and long term (after project completion) arrangements for storage of research data after the study has ended. (See Research Ethics Guidelines has Section 1, paragraph 2.4.1)

Short term storage of research data on any of the following:
☑ Manual files (includes paper or film)
☐ Home or other personal computers
☑ University computers/server
☐ Laptop computers
☐ Hard drive storage
☐ USB storage devices
☐ Other portable storage (e.g. CDs, DVDs etc.)
☐ Cloud/online storage (please provide name and server location of cloud storage below)
☐ Others (please state):

Say where data will be stored, who will have access and the arrangements to ensure security (for example, encryption used). Explain how and when data will be destroyed (if applicable).

All data will be digitised upon receipt and stored on QMU servers, but paper copies will be retained for 1 year to ensure data quality and to allow cross checking to original. Paper copies will be stored in a locked cabinet on level 3 at QMU).

Long term storage of research data on any of the following:

- ☐ Manual files (includes paper or film)
- ☐ Home or other personal computers
- ☑ University computers/server
- ☐ Laptop computers
- ☐ Hard drive storage
- ☐ USB storage devices
- ☐ Other portable storage (e.g. CDs, DVDs etc.)
- ☐ Cloud/online storage (please provide name and server location of cloud storage below)
- ☐ eData – QMU open access data repository
- ☐ Others (please state):

Say where data will be stored, who will have access and the arrangements to ensure security (for example, encryption used). Explain how and when data will be destroyed (if applicable).

All data will be digitised and stored on QMU servers with access by LI DM DB and GB

D12. Will the data be stored:

☐ In fully anonymised form? (link to participant broken)

☑ In linked anonymised form? (linked to data but participant not identifiable to researchers)
If Yes, say who will have access to the code and personal information about the participant:

Linda Irvine

☐ In a form in which the participant could be identifiable to researchers?
If Yes, please justify.

This text box will expand as required.

D13. Who will have control of and act as the custodian for the data generated by the study?

Linda Irvine

D14. Will the research participants receive any payments, reimbursements of expenses or any other benefits or incentives for taking part in this research?

☐ Yes ☑ No

If Yes, please give details.

This text box will expand as required.

D15. Will individual researchers receive any personal payment over and above normal salary, or any other benefits or incentives, for taking part in this research?
This question is concerned with "in pocket" financial payments or additional benefits to be provided direct to researchers personally, over and above the costs of conducting the research.

☐ Yes ☑ No

If Yes, please give details.

This text box will expand as required.

Section E: Risks and benefits

E1. Give details of all procedure(s) or intervention(s) that will be received by participants as part of the research protocol?
These include seeking consent, interviews, observations and use of questionnaires.

Please complete the columns for each procedure/intervention as follows:

1. Total number of procedures/interventions to be received by each participant as part of protocol.
2. Average time taken per procedure/intervention (minutes, hours or days)
3. Details of who will conduct the procedure/intervention, and where will it take place.

Procedure or intervention	1	2	3
Take part in interview	1	45-60 minutes	Linda will compete all interviews Will be completed in location convenient to the participant e.g. Participant own workplace Neutral location (e.g. private room in café) NHS Lothian offices (e.g. Waverley Gate city centre)

E2. How long do you expect each participant to be in the study in total?
Duration of participation should be calculated from when participants give informed consent until their last contact with the research team.

45 to 60 minutes

E3. What are the potential risks and burdens for research participants and how will you minimise them?
For all studies, describe any potential adverse effects, pain, discomfort, distress, intrusion, inconvenience or changes to lifestyle. Only describe risks or burdens that could occur as a result of participation in the research. Say what steps would be taken to minimise risks and burdens as far as possible.

Coercion of staff

Although unlikely, there is the potential that individuals may feel pressurized or coerced into participating in this project. To mitigate this we have clearly outlined in the information sheets that participation is voluntary and that individuals are at liberty to decline participation, or withdraw from the project at any time. All individuals will be given time to consider and withdraw from the study at any point and without giving any reason. No one will be recruited into the study by a direct line manager.

Time burden

There will be an increased time burden for staff taking part in this study. It is anticipated that it may take approximately 45-60 minutes to complete the interview. However, NHS and 3rd sector staff generally have to carry professional learning and reflection as requirements for registration – participation in this research project will support their own professional learning towards this.

Accidental breach of confidentiality

The risk of this is minimal, as efforts will be taken to anonymise individuals and sites when any reports or publications are made. All 'raw' data will be accessed only by Linda Irvine – no other member of the research team will be involved in looking 'raw' data. There is limited risk of this data being 'misplaced' in transit as it will be transported in a digital recording device and eventually stored on QMU servers. Transcripts will be anonymised at the time of transcribing so paper copies will be confidential.

Where the research only involves the use of data, consideration should still be given to the risks for participants associated with any breach of confidence or failure to maintain data security.

E4. Will interviews/ questionnaires or group discussions include topics that might be sensitive, embarrassing or upsetting, or is it possible that criminal or other disclosures requiring action could occur during the study?

☐ Yes ☑ No ☐ Not applicable

If Yes, please give details of procedures in place to deal with these issues:

E5. What is the potential for benefit to research participants?
You should state here any potential benefits to be gained by the research participant through taking part in the research either now or in future. However, do not over-emphasise the benefits. In some cases there may be no apparent benefit.

There are no direct benefits to be gained from taking part. However, the information obtained will help to develop services in the future..

E6. Will the researcher be at risk of sustaining either physical or psychological harm as a result of the research? Please delete as appropriate.

☐ Yes ☑ No

If you answered 'Yes' to the question E6, please give details of potential risks and the precautions which will be taken to protect the researcher.

This text box will expand as required.

Section F: Research Involving Human Participants
You should only complete this section if you have indicated above that your research will involve human participants.

F1. Please indicate the total number of participants you intend to recruit for this study from each participant group:

Participant Group	Please state total number
QMU students	
QMU staff	
Members of the public from outside QMU	
NHS patients	
NHS employees	**8**
Children (under 16 years of age)	
People in custody	
People with communication or learning difficulties	
People with mental health issues	
People engaged in illegal activities (eg. illegal drug use)	
Other (please specify): 3rd sector and private sector agencies who are involved in delivering the ISPs	10

* Please declare in Question F8 where the participant group may necessitate the need for standard or enhanced disclosure check

F2. How was this participant number decided upon? If a formal sample size calculation was used, indicate how this was done, giving sufficient information to justify and reproduce the calculation. If another method of determining participant numbers was used, please provide sufficient details for the method and justify the decision.

In line with study objectives the sampling strategy was aimed at collecting in-depth data from a focused sample. This is standard practice in qualitative research which aims to develop understanding and give meaning to a social process, rather than large scale quantification. Saturation is accepted as a criterion for determining sample size in qualitative research. Authors also offer 'rule of thumb' estimations, suggesting 15 participants as a minimal required size for samples in qualitative research. A sample of 18 participants is therefore considered as desirable for this study.

Agreement has been secured to facilitate access to leaders and providers working within these programmes. Experts in realism suggest that professionals are mechanism and context experts therefore they are the best placed people to provide information based on realist perspective. It is important that these voices are heard as it is they who have first-hand experience of the phenomenon under investigation.

F3. Please state the inclusion and exclusion criteria to be used. (See Research Ethics Guidelines Section 1, paragraph 2.4)

Inclusion criteria for participating staff

- Seniority/Management/ Influencing position
- Understanding of current policy
- Ability to comment on context, mechanism, outcome
- Willingness to participate in the study
- Ability to participate in interview

F4. Will you obtain informed consent from or on behalf of research participants?
☑ Yes ☐ No

F5. Please give details of who will take consent and how it will be done, with details of any steps to provide information (a written information sheet, videos, or interactive material). If you plan to include any participants who are children, please describe the arrangements for seeking informed consent from a person with responsibility and/or from children able to give consent for themselves.

Written informed consent will be secured before interviews are completed. Participants will be provided with written information at least 24 hours before the interview and this will be gone through with them immediately before the interview itself is completed. The participants be informed that they do not have to answer questions, and do not have to give an explanation for this and that they can withdraw their consent at any time. Linda Irvine (researcher) will secure all consents.

If you are not obtaining consent, please explain why not.

N/A

F6. (Children) If you intend to provide children under 16 with information about the research and seek their consent or agreement/assent, please outline how this process will vary according to their age and level of understanding. Copies of written information sheet(s) for parents and children, consent/assent form(s) and any other explanatory material should be enclosed with the application.

For further information on providing information and obtaining consent/assent from children, please refer to this online information for best practice: http://www.hra-decisiontools.org.uk/consent/principles-children.html

F7. Will the research involve participant deception?

☐ Yes ☑ No

If you answered Yes to Question F7, please justify the use of deception. Also describe what procedures will be implemented to safeguard the dignity, safety and welfare of the participants during the research and after it has ended.

F8. Ethical principles incorporated into the study (please tick as applicable):

Ethical principles
Will participants be offered a written explanation of the research? ☑ Yes ☐ No ☐ Not applicable
Will participants be offered an oral explanation of the research? ☑ Yes ☐ No ☐ Not applicable
Will participants sign a consent form? ☑ Yes ☐ No ☐ Not applicable
Will oral consent be obtained from participants? ☑ Yes ☐ No ☐ Not applicable
Will participants be offered the opportunity to decline to take part? ☑ Yes ☐ No ☐ Not applicable
Will participants be informed that participation is voluntary? ☑ Yes ☐ No ☐ Not applicable
Will participants be offered the opportunity to withdraw at any stage without giving a reason? ☑ Yes ☐ No ☐ Not applicable
Will independent expert advice be available if required? ☑ Yes ☐ No ☐ Not applicable
Will participants be informed that there may be no benefit to them in taking part? ☑ Yes ☐ No ☐ Not applicable
Will participants be guaranteed confidentiality?

☑ Yes ☐ No ☐ Not applicable
Will participants be guaranteed anonymity? ☑ Yes ☐ No ☐ Not applicable
Will the participant group necessitate a standard or enhanced disclosure check of the researcher? ☐ Yes ☑ No ☐ Not applicable
Will the provisions of the Data Protection Act be met? ☑ Yes ☐ No ☐ Not applicable
Has safe data storage been secured? ☑ Yes ☐ No ☐ Not applicable
Will the researcher(s) be free to publish the findings of the research? ☑ Yes ☐ No ☐ Not applicable
If the research involves deception, will procedures be in place during and after the research to safeguard the dignity, safety and welfare of the participants? ☐ Yes ☐ No ☑ Not applicable
If the research involves questionnaires, will the participants be informed that they may omit items they do not wish to answer? ☐ Yes ☐ No ☑ Not applicable
If the research involves interviews, will the participants be informed that they do not have to answer questions, and do not have to give an explanation for this? ☑ Yes ☐ No ☐ Not applicable
Will participants be offered any payment or reward, beyond reimbursement of out-of-pocket expenses? ☐ Yes ☑ No ☐ Not applicable

Section G is a reserved section of the form for applications involving Human Tissues. Please email ResearchEthics@qmu.ac.uk if you require a copy of Section G.

Queen Margaret University
EDINBURGH

Reference:	

School / Division:		**Location:**		**Date**	
Assessed by:		**Job Title:**		**Signature**	
Activity / Task:		**Total Number exposed to risk**		**Review Date**	

Ref no.	Hazards	People at risk					Likelihood				Severity				Total risk	Existing control measures	Adequate controls?
		s and students	Members of	rs	people	new or expectant	e										
1.	**Coercion of to participate**		x					x				x			4	It is unlikely that any participant will be coerced into participating in the project. However it is possible that a person might feel that it is in their interest to participate. Although we recognise that this is a concern when asking for voluntary participation, we have endeavoured to minimise this by highlighting the right to decline or to opt out at any stage.	
2.	**Accidental breach, identification of participants in data collected/results presented**		x				X					x			3	Removal of participants full names from transcript publications and reports. Consideration given to how results	

																are presented in order to maintain anonymity as much as possible.	
3.																	
4.																	
5.																	
					Risk value (RV)		**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**			

Total risk = Likelihood (RV) x Severity (RV) Total risk of 1 – 4 = ‘L’, low risk Total risk of 6 – 9 = ‘M’, medium risk Total risk of 12 – 16 = ‘H’, high risk

Section I: Declarations by applicant

I1. Having completed all the relevant items of this form and, if appropriate, having attached the Information Sheet and Consent Form plus any other relevant documentation as indicated below, complete the statement below.

- I have read Queen Margaret University's document on "Research Ethics: Regulations, Procedures, and Guidelines".
- The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.

- In my view this research is:

Please tick	See Research Ethics Guidelines Section 6
☑	Non-invasive
☐	Minor invasive using an established procedure at QMU
☐	Minor invasive using a NEW procedure at QMU
☐	Major invasive

- I understand that research records/data may be subject to inspection by review bodies for audit purposes if required.

I2. Access to application for training purposes (please tick as appropriate):
☑ I would be content for members of Research Ethics Committees to have access to the information in the application in confidence for training purposes. All personal identifiers and REFERENCES to sponsors, funders and research units would be removed.

Name (if you have an electronic signature please include it here)

__Linda Irvine_____Date 1 December 2017

I3. **If you are a student**, show the completed form to your supervisor/Director of Studies and ask them to sign the statement below. If you are a member of staff, sign the statement below yourself.

- I am the supervisor/Director of Studies for this research.
- In my view this research is:

Please tick	See Research Ethics Guidelines Section 6
☑	Non-invasive
☐	Minor invasive using an established procedure at QMU
☐	Minor invasive using a NEW procedure at QMU
☐	Major invasive

- I have read this application and I approve it.

Name (if you have an electronic signature please include it here)

Dr Donald Maciver,

Date 1 December 2017

I4. **For all applicants,** send the completed form to your Head of Division or Head of Research Centre or, if you are an external researcher, submit the completed form to the Secretary to the QMU Research Ethics Panel (ResearchEthics@qmu.ac.uk). **You should not proceed with any aspect of your research which involves the use of participants, or the use of data which is not in the public domain, until you have been granted Ethical Approval.**

For completion by
The Head of Division/Subject Area/Group, OR
Division/Subject Area/Group Research Ethics Committee:

Either

☐ I refer this application back to the applicant for the following reason(s):

Name (if you have an electronic signature please include it here)

_____ (Head of Division/ Subject Area/ Group)

Date _____

Please return the form to the applicant.

Or

Please tick **one** of the alternatives below:

☐ I refer this application to the QMU Research Ethics Panel.

☐ I find this application acceptable and an application for Ethical Approval should now be submitted to a relevant external committee.

☐ I grant Ethical Approval for this research.

Name (if you have an electronic signature please include it here)

_____ (Head of Division/ Subject Area/ Group)

Date _____

Please email one copy of this form to the applicant and one copy to the Secretary to the Research Ethics Panel (ResearchEthics@qmu.ac.uk).

Date application returned: _____

Appendix 4: All ethics paperwork

Queen Margaret University
EDINBURGH

Information Sheet

Study title: Realist informed qualitative study of Intersectoral Partnerships (ISPs)

Dear Sir / Madam,

I would like to invite you to take part in a study which is being completed at Queen Margaret University for my professional doctorate qualification.

Before you decide I would like you to understand why the study is being done and what it would involve for you.

The attached information sheet tells you the purpose of this study and what will happen to you if you take part. It gives you detailed information about the conduct of the study. Please do contact me if there is anything that is not clear.

Please take time to decide whether or not you wish to take part. Should you wish to take past I will go through the information sheet with you and answer any questions you have before we begin the interview. The interview will be scheduled at a date, time and place that suit you. It should be no longer than one hour.

If you would like to take part please just email me to confirm Linda.Irvine@nhslothian.scot.nhs.uk and then I will be back in touch to arrange a time, date and venue which suits you for our interview.

With best wishes

Yours sincerely

Researcher
Linda Irvine
Queen Margaret University/NHS Lothian
07815 592362

Title of the study

A realist informed qualitative study exploring the role of intersectoral partnerships to enhance the *lives of people with multiple and complex needs living in Edinburgh and Lothian.*

What is the purpose of the study?
There are increasing numbers of people whose wellbeing is limited by a complex interplay of life experiences, social determinants, contextual factors and health conditions. Despite policy imperatives, interventions and services to address problems, there remains a lack of systematic knowledge and practice relating to what works, for which people, and under which set of circumstances. Within Lothian, a number of intersectoral programmes (ISPs) focused on improving outcomes for people with multiple and complex needs have been developed. This current research aims to develop an integrated "programme theory" based on ISPs within Lothian which can be used by future policy makers to innovate in creating opportunities for people with multiple and complex needs to engage in health seeking and life changing opportunities.

Why have I been considered to take part in this study?
As you have experience of working within a Intersectoral Partnership (insert name of Partnership) in Lothian you have been identified as having key experience in how the partnership has are shaped or provided services.

Do I have to agree to participate?
No. It is up to you to decide whether you want to join the study or not. I will go through this information sheet with you. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw from the study at any time, without giving a reason.

What will happen to me if I take part?
You will be asked to participate in an interview. You will be asked to talk about your experiences of working in an ISP.

Time and the venue of the interview will be arranged with you in advance.

The interview will last approximately 45 – 60 minutes. With your permission, the session will be recorded. The session will be conducted by the researcher (Linda Irvine). I will ask you to provide me with some basic information about yourself (e.g. your gender, your previous work experience, your current post).

All information provided by you will be kept strictly confidential.

In the interview, for any reason, you do not have to answer questions if you do not want to, and do not have to give an explanation for this.

What are the possible disadvantages and risks of taking part?

I do not think there will be any negative consequences to taking part. The session will be guided by an experienced researcher and carried out in a professional manner. The interview will be conducted in a way which will allow you to discuss your experiences. There are no right or wrong answers, and you will be free to withdraw from the project at any time. If there are questions you do not want to answer, that is fine. Please tell me and we will move to the next question. You do not have to give a reason.

What are the possible benefits of taking part?
There are no direct benefits to be gained from taking part. However, the information I get will help to inform policy and shape the development of improved future services.

What will happen if I don't want to carry on with the research project?
You are free to withdraw at any time and without giving any reason.

What if there is a problem?
If you have a complaint about the way you have been dealt with during the study or if something happens during or following the interview that you wish to complain about, please contact Dr Donald Maciver at QMU on 0131 474 0000 (Dr Maciver is the QMU doctoral supervisor).

What will happen if I am harmed during the project?
It is unlikely that something will go wrong during the interview but if you are harmed Queen Margaret University has insurance against risk of claims against the University and its staff relating to projects it designs and undertakes.

Will my participation be confidential?
Information will be collected through recording and observation during the interview. All information that is collected about you during the course of the research project will be confidentially stored in a locked filing cabinet or on a password protected desktop computer. Only the researcher directly involved in the study will have access to material that has any identifying information (names, addresses etc.). Information about you will be stored anonymously, with names, addresses and any other potentially identifying features removed. We may use this material for further research, post graduate study or educational purposes. All persons will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty. You will not be identified in any report/publication. Confidential material will be physically destroyed when it is no longer required.

If, during the course of the research, you disclose an adult at risk protection issue or information about actual or potential harm occurring, we will adhere to the adults at risk protection procedures of the Scottish Government.

What will happen to the results of the study?
Results will be used to complete a professional doctorate qualification. The results of the study may be used to inform policy and developments of new services within Lothian. Some things we find out might be published in journals read by health and social care professionals. You will not be named in any report/publication.

Who is organising and funding the study?
This study is being completed as part of a professional doctorate qualification by Linda Irvine. It will be supervised by researchers at Queen Margaret University, Edinburgh.

Contact for Further Information
Many thanks for reading this sheet.
Please feel free to contact me if you have any questions.

Linda Irvine
Queen Margaret University/NHS Lothian
Edinburgh
07815 592362
Irvine, Linda
(Linda.Irvine@nhslothian.scot.nhs.uk)

Independent person to contact for further information
If you would like to contact an independent person, who knows about this project but is not involved in it, you are welcome to contact Susan Prior. Her contact details are given below.

Susan Prior (sprior@qmu.ac.uk, phone 0131 474 0000 and ask for “Susan Prior”

Queen Margaret University
EDINBURGH

Study Number:
Participant Identification Number:

CONSENT FORM
Study title: Realist informed qualitative study of Intersectoral Partnerships (ISPs)

Researcher:
Linda Irvine
Queen Margaret University/NHS Lothian
Edinburgh
0131 474 0000
Irvine, Linda
(Linda.Irvine@nhslothian.scot.nhs.uk)

Please initial box

1. I confirm that I have read and understood the information sheet for this study and have had the opportunity to ask questions. ☐
2. I understand that participation is voluntary and that I am free to withdraw at any time, without giving any reason ☐
3. I agree to take part in this study. ☐
4. I agree for the interview to be audio taped. ☐

_____
Participant's Name Signature

Linda Irvine _____
Researcher Signature

Queen Margaret University
EDINBURGH

Demographic Information

Date completed:			
Name:			
Date of birth:		**Age:**	
Gender*:	**Male / Female/Other/Prefer not to say**		
Telephone number:			
E-mail:			
Health / community service/ organisation working in :			
Current length of time working in Health / community service/ organisation			
Name of Intersectoral Partnership involved in:			
Current length of time involved in the Intersectotal Partnership:			
Employment status*:	**Full time / part time / self-employed / retired / volunteer/ not employed**		
Job title (if retired, please indicate your final job title):			

Appendix 5: Consultation with the research participants

Refresh

Aims

- This research will use a critical enquiry and realist informed approach to qualitatively explore the Intersectoral Partnerships (ISPs) currently deployed in Lothian.
- The research will develop a "programme theory" for future development of ISP which will seek to improve outcomes for people with multiple and complex needs

Research questions

- What are the mechanisms that drive ISPs in Lothian?
- What are the contextual factors that impact on the ISPs?
- How do the mechanisms and contexts interact?

##

Where I am at...

Completed

Presented to participants

Draft thesis completed

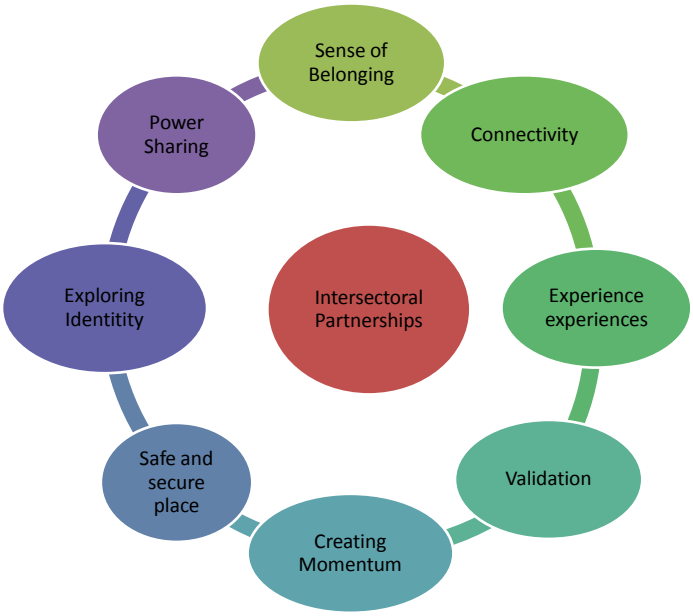
In middle of

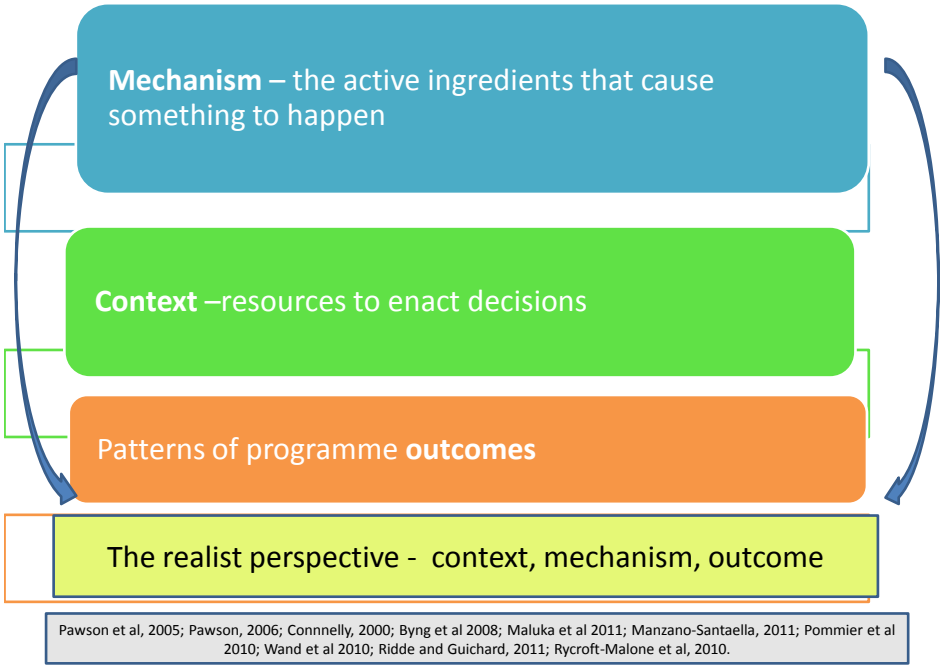
- Finessing

Still to do

- Receive comments on full draft from Supervision Team
- Comments from today
- Edits
- Add references and tables

- **D – day - 10 December**


Sense of Belonging
Connectivity
Experience experiences
Validation
Creating Momentum
Safe and secure place
Exploring Identitity
Power Sharing
Intersectoral Partnerships


Mechanism – the active ingredients that cause something to happen
Context –resources to enact decisions
Patterns of programme outcomes
The realist perspective - context, mechanism, outcome
Pawson et al, 2005; Pawson, 2006; Connnelly, 2000; Byng et al 2008; Maluka et al 2011; Manzano-Santaella, 2011; Pommier et al 2010; Wand et al 2010; Ridde and Guichard, 2011; Rycroft-Malone et al, 2010.

Theme	Context	Mechanisms	Outcomes for partnership
Momentum	Organisational Cultures	Desire for change Pace of Change	Emotional connectivity Aspiring to sustainability Increased societal awareness Transformed world view
Safe, secure spaces	Historical Perspectives Organisational Culture	Creating a safe psychological space Creating a safe meeting space Using spaces with ascribed meaning	Increased psychological safety Authentic relationships Greater reach
Identity	Historical Perspectives	Challenging professional identity Redefining professional and personal identity	Increase in social capital and social cohesion Different Relationships with participants Clarity of purpose
Narrative	Historical Perspectives Policy Social determinants of health	Developing appeal Seeing all perspectives as valid Establishing shared values	Authenticity of relationships and decision making Commitment to ISPs Fluidity of relationship
Power	Historical Perspectives Organisational Cultures Social determinants of health	Talking about power Understanding power	Power sharing Power shifting

CMO: Momentum

- The study indicates that to maximise pace of change and develop momentum, partnership members need to feel emotionally connected which in turn spurs further momentum which continues to transform their worldview which may then begin to reshape organisational cultures.
- Importance of how an ISP needs to interlock the "story" or the ISP narrative with momentum and the momentum will in turn become part of the story rather than a more traditional narrative with beginning, middle and end.

CMO: Safe Spaces

Creating a relational space, a **safe psychological space**, needs to be seen in a temporal perspective as well as dynamic and fluctuating as the ISPs involved individuals on different trajectories evolving in their relationships .

Creation of a safe psychological space often in places with ascribed meaning increased the reach and impact of the ISPs.

CMO: Identity

- Participants described how their involvement in the ISP gave them a chance to explore self-identity and being or alternatively exploring the concept of the 'person-in-context' as a way of examining the person's relationship to the world based on the position s/he inhabits within it .
- Some participants reflected on how their initial motivation to become a health / social care professional was "reactivated" by their involvement in the ISP.
- Others spoke of how the ISPs had enabled their personal identity, often described in terms of their value base, to become more enmeshed with their professional identity which had reduced cognitive dissonance they may have experienced.
- Study has identified the significance of the interplay of professional and personal identity in relation to participants' roles within the ISP and the subsequent impact of this in their life roles ouwith the ISPs.

CMO: Narrative

- Identifying the shared values, viewing all perspectives as valid, and creating appeal, whilst taking due cognisance of historical perspectives of stakeholders around roles contribute to a fluid and adaptable **narrative** in order to promote authenticity and lasting commitment to the ISP.

CMO: Power

Participants discussed power and power sharing from different perspectives, both within the interplay and dynamics of the partnership and the power status they perceived their role or organisation to have external to the partnership and internally within the partnership.

Power sharing and power shifting were outcomes for both ISP service users and staff.

Importance of Phases

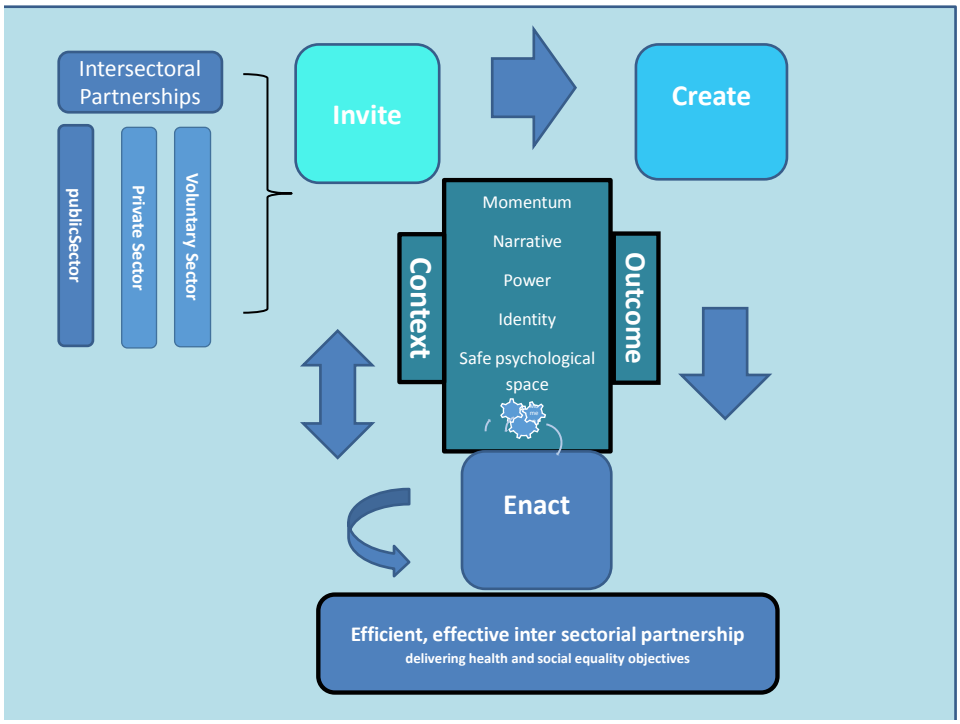
- Initial welcoming **invite** space evokes curiosity, built upon this curiosity by using different and novel approaches in the invite space resulted in people coming together with a sense of shared inquiry and desire for action.
- within the **create** space that the importance of acknowledging a plurality of discursive styles was explored; willingness to countenance the validity or value of alternative knowledge or practices in another.
- Within the **enactment** space the need for "formulation" often occurred to enable new participants to reach that shared understanding of the ISP narrative mechanisms of establishing shared values, developing appeal (and seeing all perspectives as valid were understood .

Phases and Spaces

- Concept of "Third Space" (Lefebvre, Foucalult, Soja). purposefully tentative and flexible term that attempts to capture what is a constantly shifting and changing milieu of ideas, events, appearances and meanings (Soja, 1996: p2).

- Spaces identified by the participants in the current study – invite, create and enact, can all be defined as this "third space" and create spaces for themselves (Soja 1996).

- The present study adds to the understanding that creating shared practices where people can be attentive and open with one another in ways which encourage mutual responsibility for the quality of "our lives together" (Fielding, 2004).



incite

- **Policy recommendations for the Scottish Government**
- **Key practice recommendations**
- **Directions for future research**

Communication and Dissemination Plan

Policy recommendations for the Scottish Government

- should consider the findings of this study and the implications for workforce planning and curriculum development for public, private and third sectors.

- consider the development of a set of standards which would inform the development of intersectoral partnerships as a care component of the skill set of the public, private and third sector workforce.

- apply the principles of the Incite Model across their cross party and cross policy working groups.

Policy recommendations for the Scottish Government

- consider the application of the Incite Model to specific policy areas which they have highlighted in policy documents that require intersectoral partnership responses to tackle intractable issues.

- Realising the full potential of culture for everyone and every community**.**

- Confirm and endorse the Incite model to address further specific societal issues

- Commission the Incite model identifying resources for dissemination and implementation to the public, the sectors and further research.

- commission a series of regional seminars that are strategically positioned and aligned with community planning partnerships commencing with a Scottish wide conference which will identify and confirm issues and locales for intersectoral partnerships.

Policy recommendations for the Scottish Government

- consider the application of the Incite Model to specific policy areas which they have highlighted in policy documents that require intersectoral partnership responses to tackle intractable issues.

- Realising the full potential of culture for everyone and every community**.**

- Confirm and endorse the Incite model to address further specific societal issues

- Commission the Incite model identifying resources for dissemination and implementation to the public, the sectors and further research.

- commission a series of regional seminars that are strategically positioned and aligned with community planning partnerships commencing with a Scottish wide conference which will identify and confirm issues and locales for intersectoral partnerships.

Key practice recommendations

- All leaders of organisations and sectors within each community planning partnership should consider the findings of this study and consider the implications for local workforce planning

- Community Planning partners should implement ISP set of standards which will inform and develop intersectoral partnership as a core component of the skill set of the public, private and third sector workforce.

- Community Planning Partners should apply the principles of the modal across their identified issues and challenges which require an intersectoral partnership response.

Key practice recommendations

- Community Planning Partnerships should disseminate and make use of the programme theory to drive forward the development of local intersectoral partnerships.
- Community Planning partnerships should agree one specific policy area that they will create an ISP for using this study's model.
- Community Planning Partnerships should identify the issues and challenges within their locale that require an intersectoral partnership and ensure their input to the Scottish wide conference in Autumn / Winter 2019.

Directions for future research

- Undertake a qualitative study which will explore citizens reaction to the model and their views on their contribution to how the model works.
- Development of manuals to operationalise the theoretical constructs which can serve as research protocols.
- Develop research instruments that will effectively operationalise and measure the theoretical constructs in a reliable and valid way.
- To develop a realist evaluation protocol using the manuals and instruments to assess the implementation of ISPs across Scotland.
- Development of international research partnerships for example building on the Thrive network to initiate the use of the research protocol across countries

Communication and Dissemination Plan

- Outline of the study and findings in bulletin formats
- Development of messages related to why intersectoral partnerships can tackle societal issues
- Identification of messages to feed social media outlets e.g. blogs and twitter
- Development of messages about intent of research for mainstream media
- A short reflective note on methods used, issues arising and how these were resolved or managed.
- Development of messages to share with policy makers.
- A summary of key findings, and recommendations, and actions in an 'actionable' format.
- Development of materials for stakeholders in an online manual for intersectroal participants
- A minimum of two papers published in peer review journals
- Presentations to commissioning and practice based conferences with frontline practitioners, citizens and strategic stakeholders