

**Strategic partners' experience of
collaboration with particular reference
to the involvement of the third sector in
health, care and well-being planning in
Wales:
A phenomenological study of Regional
Partnership Boards 2018-2023**

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the degree of Doctor in Professional Practice**

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Submission Declaration

Declaration

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed _____ (candidate)

Date 31st March 2023

Statement 1

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used the extent and nature of the correction is clearly marked in a footnote(s). Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

Signed _____ (candidate)

Date 31st March 2023

Statement 2

I hereby give consent for my thesis, if accepted, to be available for deposit in the University's digital repository.

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Abstract

This is an inductive, phenomenological study of the third sector's role in shaping health and care planning in Wales via Regional Partnership Boards (RPBs) during their first strategic period of existence. RPBs are multi-agency partnerships that are statutorily required by the Social Services and Well-Being Act in Wales. Their purpose is to enable collaboration as regards the planning of health and care services to improve the well-being of people in the region. As a professional doctorate, it links with the practice of the researcher, a County Voluntary Council Chief Executive and Chair of a Regional Partnership Board.

The study reviews the current body of learning regarding multi-agency and cross sectoral partnerships. It traces the history of initiatives under different government administrations, and specifically in Wales since devolution, which have sought to include non-statutory agents as partners in strategic partnerships. It reviews the literature in relation to governance arrangements and the nature of partnership, alongside emergent issues of equality, trust, power, control and representation within such arrangements.

Semi-structured interviews were conducted with strategic members from three RPBs representing adult social care, health boards and the third sector, together with RPB leads from the same regions. Participants described their experiences within an analytical framework shaped by the themes that emerged from the literature. This enabled an analysis of the extent to which the experience of RPBs converged or diverged from existing learning, thereby creating new knowledge and fresh understanding.

The study finds that RPBs have struggled with the same frustrations, impediments and barriers that have beset similar initiatives in other contexts. These include unclear governance arrangements, power rivalries and unrealistic expectations of non-statutory members. It draws attention to the essential importance of partnership development to underpin effectiveness; and highlights the benefits of a partnership that is required by statute and a vehicle for significant amounts of funding. Issues of representation are important, questioning the role of third sector umbrella bodies. The impact of COVID has been significant in offering the third sector an opportunity

to demonstrate its significance and competence, thereby securing a higher level of involvement within decision-making arrangements.

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The journey would not have been possible without the generous sponsorship of my employer, Powys Association of Voluntary Organisations (PAVO). I greatly appreciate their investment in my professional development that, I trust, benefits the work of the organisation as well as the partnership environment in which it operates.

I am hugely grateful to the participants of this study who readily gave their time during periods of unprecedented pressure on health and care professionals and managers. Moreover, they contributed to the research in a very open, candid and insightful way that provided trustworthy and invaluable information and data.

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Chapter 1: Introduction

This research explores what it has been like for key strategic and commissioning partners from Adult Social Care, Health Boards and the Third Sector (represented by County Voluntary Councils) to be members of Regional Partnership Boards in Wales during their first period of operation between 2018-2023. It invites participants to critically reflect on their experiences of working with each other and, in particular, on the involvement of the third sector in the planning of health, care and well-being services. The study addresses a number of key aspects of this partnership namely how RPB partners experienced the governance arrangements within RPBs, particularly the role of government within governance. It gains an understanding of participants' experience of the power dynamics within the partnerships, and it explores their experience of RPB culture, particularly in relation to trust. The research also seeks to understand participants' experience of involving service users and carers, and whether third sector participation has had any impact on the sector's independence and integrity. In addition, the study explores whether partners conclude that RPBs have been a worthwhile initiative or otherwise.

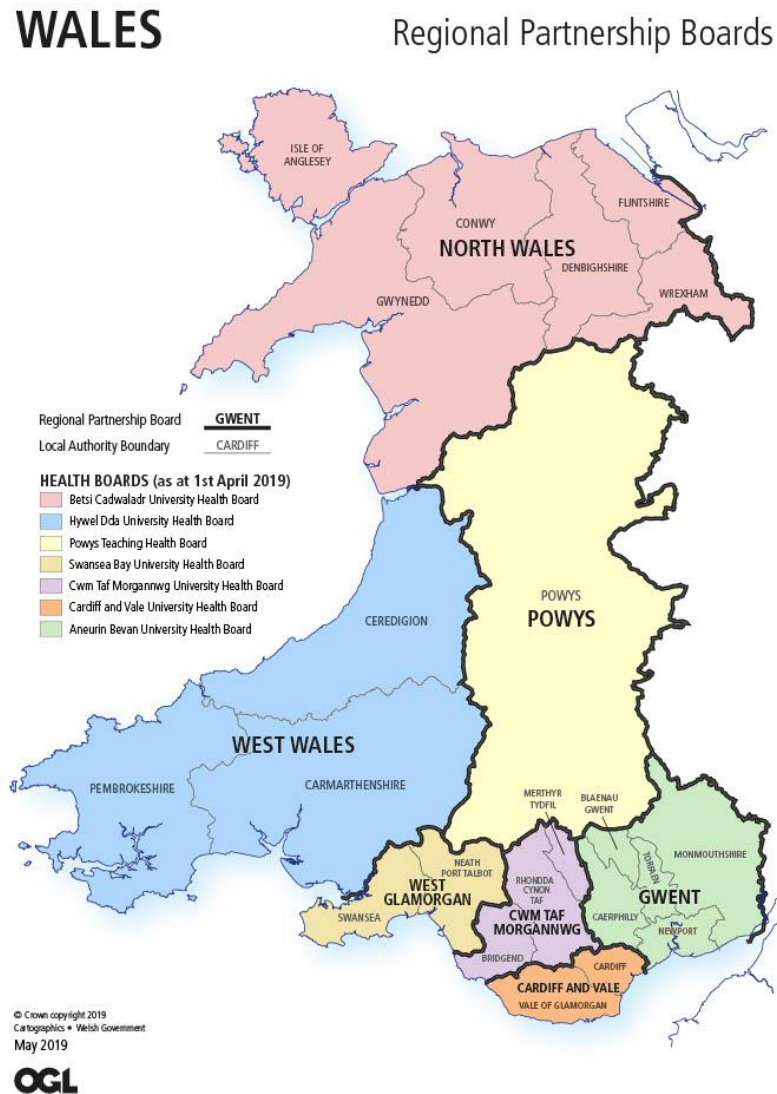
This work provides independent, new research that builds upon current knowledge as regards the ways in which government seeks to operate in partnership with other agencies and, particularly, the third sector. It draws on the principal themes of the literature, such as government and governance, the nature of partnership and representation; and explores the extent to which the experiences of RPB members in Wales have conformed with or diverged from the findings of previous studies. In so doing, the research demonstrates whether the RPB initiative in Wales has produced a different set of experiences and behaviours from which we can learn and suggest an improved way forward for collaboration. It is useful here to explain a little of the genesis, nature and purpose of RPBs.

1.1 Regional Partnership Boards

The Social Services and Well-being (Wales) Act (SSWBA) came into force on 6 April 2016 and provides the legal framework whereby local authorities and health boards are required to work in partnership with each other and others to improve the well-being of people. Regions are coterminous with health boards. In 2019 there was a boundary change that saw the local authority area of Bridgend leave Swansea and

Neath Port Talbot and join Rhondda Cynon Taf and Merthyr Tydfil to form the region of Cwm Taf Morgannwg. The smaller region of Swansea with Neath Port Talbot was renamed 'Swansea Bay' from 'Western Bay' [see figure 1]. Western Bay has subsequently been renamed 'West Glamorgan'.

Figure 1: Regional Partnership Boards post 2019



The legislation is significant because it shifts the underlying principles of health and social care from addressing categories of need to proactively promoting well-being, prevention and delivering what matters to people. The guiding principles of the Act are:

- Well-being: People's well-being is a wider consideration than their health or social care needs. These wider determinants of well-being need to be at the heart of regional plans and service delivery.
- Voice and Control: Individuals should be fully involved in decisions that affect them and they should be given control over their own well-being goals. This embeds the principle of delivering 'what matters' to people and prevents a focus on a service provided for people.
- Prevention and Early Help: Prevention and early help minimise the rise of critical need and the need for higher-tier interventions. This requires a greater emphasis on community-based care and support.
- Co-production: People are the most important experts when it comes to determining what is right for them. Consequently, involving people in the design, delivery and review of services is axiomatic.

1.2 Professional Practice Research

My professional practice as a chief executive officer of a County Voluntary Council, Powys Association of Voluntary Organisations (PAVO), involves me in leading an organisation that is responsible for supporting, enabling and representing the third sector in Powys at local, regional and national levels. Over the years I have been involved in many strategic partnerships. I am a member of Welsh Government's Third Sector Partnership Council and Powys' Public Services Board (PSB). Of specific significance for this study, I have been a member and co-vice chair of Powys' Regional Partnership Board since its creation and now serve as its chair.

I embarked upon my Doctor in Professional Practice journey, knowing that I wanted to improve my understanding and add to the body of knowledge in relation to RPBs. These partnerships were growing in significance within the health, care and well-being landscape in Wales. Initially, I set out to test the extent to which the aspirations and expectations of Welsh Government for RPBs matched the achievements of RPBs. However, as I read and learned more about this area of study, and as I began to discover more about how RPBs were operating around Wales, it became increasingly clear to me that it would be useful to explore the extent to which

partnerships were operating in ways that enabled the delivery of the expectations and requirements placed upon them, as set out above.

The reason for taking this approach is that I have contributed to numerous studies and evaluation projects that have sought to test feasibility, measure impact, determine effectiveness or map provision. There are recent examples of Welsh Government commissioned work on the impact of the Social Services and Well-being Wales Act (SSWBA) (Llewellyn, et al., 2021) and the evaluation of RPBs' use of funding streams such as the Integrated Care Fund (Bryer, et al., 2022). Some of the findings and conclusions have chimed with my experience of an RPB and the experience of others around Wales with whom I work. However, some findings and conclusions have not resonated with that experience and anecdotal knowledge. Increasingly, I became aware of the importance of trying to capture and assess the lived experience of RPB members to understand better the opportunities, challenges and barriers that were being managed in the 'real' world.

Therefore, it followed that this study would be a piece of inductive rather than deductive research in that any new knowledge would be generated from the study (Soiferman, 2010). It would not start from the perspective of testing a pre-determined hypothesis or theory (Trochim, 2022). A phenomenological approach best suited my interest and offered a research perspective that was largely unmet because little attention has been given to RPB members' lived experience of RPBs other than in relation to impact assessment and value for money evaluation. There has been extensive research on the nature and purpose of strategic partnerships in many contexts. These studies have produced important and complementary findings in areas such as governance, power, control, trust and equality. However, relatively little attention has been given to such partnerships in Wales, and particularly since devolution. More specifically, such studies as have been carried out have taken an operational rather than an experiential perspective. Without this phenomenological insight it is arguably the case that the information and data on which future policy and planning would be developed risks not being sufficiently holistic. It is noteworthy that, as I conducted the semi-structured interviews with RPB members, participants commented on how refreshing they found being able to discuss the nature and function of partnership, rather than provide bureaucratic reports on the work of the partnership measured against imposed indicators and outcomes. Interviewees were

surprisingly, even shockingly, frank and unguardedly candid in their contributions, which confirmed the assumption that this this area of research was of interest and importance to them.

There are certain characteristics of an RPB that make it distinctive within the strategic partnership landscape, primarily its statutory status and the statutory requirement to involve non-statutory partners. As a senior third sector officer, I have found it intriguing and stimulating to be part of an arrangement that continues to grapple with how to bring together different sectors and different agencies in a collaborative that has requirements placed upon it and funds allocated to it. This readily lent itself to reflective research practice (see section 4.3cii).

This study expands the body of learning by analysing the experience of RPB strategic members and shining a light on some of the complex and 'wicked' issues that RPB members face and need to manage on a daily basis (Challis, et al., 1994). It particularly focuses on the experience of members as regards the inclusion of the third sector in a statutory, strategic partnership. The research enhances and enriches the academic learning in relation governance arrangements, power dynamics and relationships based on inclusion, equality and trust.

1.3 Thesis Structure

Chapter 2 of the study offers a critical review of current learning as regards multi-agency and cross-sector partnership in health, care and well-being. It begins by offering a working definition of the third sector for the purposes of the research and summarising key facts about and characteristics of the third sector in Wales. The chapter goes on to summarise and outline the literature as regards governance arrangements in partnerships and the difficulties experienced in seeking to reconcile the inclusion of government and other statutory and non-statutory bodies within multi-agency governance. The chapter highlights key areas of research that have arisen from these considerations, specifically the type of relationship the statutory sector seeks with the third sector and the power dynamics at play within partnership arrangements. The chapter ends by outlining the areas of focus for this study determined by the themes that emerged from the literature review.

Chapter 3 initially explores the research aim. The aim of the research is to explore participants' experience of collaboration and, in particular, third sector inclusion in

health and care planning via RPBs. It poses the question as to whether these experiences suggest that RPBs in Wales have broken new or different ground or whether they have experienced the same challenges and difficulties as other comparable initiatives. This chapter then describes the research paradigm adopted to enable the study that meets the research aim. The research paradigm follows a traditional pathway in that it begins with the researcher's ontology which informs and shapes the epistemological approach. In this case, the chapter describes the influences and perspectives that have shaped and continue to shape my ontology, thereby determining how I experience reality and the type of information and data I find persuasive and significant i.e. my epistemology. This is further supported by an exploration of my positionality vis-à-vis the research, specifically as an insider-researcher. The benefits and risks of insider-research are examined together with an explanation of how potential conflicts were managed in order to protect the study's integrity.

The chapter also includes a description of the analytical framework. This explains the approach taken to organise my thoughts, plan the research and analyse the data and information it produced. The chapter goes on to set out the methodology underpinning the study and the consequential methods adopted in carrying out the research. This is a form of narrative enquiry and, more precisely, a transcendental or constitutive phenomenological approach. This best suited the research aims because it is designed to describe the lived experience of a phenomenon, in this case RPBs in Wales. Due to the nature of the methodology, qualitative research methods were deployed to gather information based on people's experience. In addition to a textual analysis of RPB documents, the principal method used was semi-structured interviews with a sample of RPB strategic members and RPB Leads from three RPBs in Wales, using a combination of a quota sampling and purposeful sampling approach.

Chapter 4 begins to present research findings by providing an analysis of RPB Terms of Reference and Area Plans. This helps to shine a light on how RPBs have decided to govern and organise themselves, and the ways in which they have sought to comply with the requirements of legislation and guidance. Such arrangements are a clear demonstration of how power operates within partnerships and how RPBs

have or have not embodied the letter and the spirit of the Social Services and Well-being Act.

Chapters 5, 6, 7 and 8 proceed to present the research findings from the semi-structured interviews. The structure follows the emergent themes of the literature review, thereby enabling the direct analysis of findings in relation to current knowledge. Each of these chapters deals with a different set of themes namely: Government within Governance; Managerialism and Control; Partnership and Trust; and Third Sector and Service User Representation. This does not impose theory but facilitates the new findings of an inductive study to build upon and enhance existing knowledge. The information is presented as a direct report of the findings, rather than seeking to present and analyse the findings concurrently. Whilst the latter would be equally legitimate, it was concluded that adopting this approach brought a more logical, linear clarity to the study's progression.

Having presented the findings, Chapter 9 discusses the findings in direct reference to the literature review. The original insights of the study are highlighted through a juxtaposition of the analysis and the literature, reviewed in chapter 2. To this end the same structure is followed. It is, therefore, easier to assess the extent to which this study enhances the body of learning by which it is informed. The study demonstrates that RPBs have experienced much of the same challenges and barriers compared with other studies. They have not yet broken the new ground Welsh Government expected of them. However, there are certain factors, such as the statutory nature of the partnerships and the significant amount of funding allocated to them, that make the RPB experience in Wales different and distinct.

Further to the analysis, Chapter 10 concludes the study by summarising the aims and findings of the research and posing the 'So What?' question in that it draws out of the analysis implications for policy and practice. As a piece of professional research, it is important that the work not only achieves acceptable academic standards but contributes to the improvement of practice and the development of the knowledge that underpins practice. This chapter offers a number of suggestions that would help to strengthen the effectiveness and efficacy of RPBs during their second strategic period. The chapter acknowledges that no piece of research is free of constraints and imperfections. A description of the limitations of this study is provided together with an explanation of why these limitations were unavoidable and within

the parameters of research acceptability. Whilst this research has sought to add to the extant body of learning, it recognises that learning never stops. The greatest compliment other researchers can pay to any study is to regard it sufficiently useful, interesting and important that they wish to take up the baton and run the next leg of the race. The study ends by offering suggestions for future research.

Chapter 2: Literature Review

2.1 Introduction

This chapter provides a critical review of the extant literature relating to multi-agency and cross-sector partnership and particularly the inclusion of the third sector in influencing and determining health, care and well-being planning in Wales. In reviewing the literature, the chapter describes how this study will add to knowledge by building on the findings and conclusions of other research, but specifically in relation to RPBs in Wales. Whilst building on existing research to date, it highlights current gaps in learning or ways in which current learning can be enhanced. The pursuant research is, therefore, not only of interest, but also of use to the delivery of health and well-being services generally and specifically in Wales. The research will inform the further development of the effective function of RPBs that oversee planning and provision.

The chapter is presented under seven sections, the first of which is a method statement that critically describes how the literature review was carried out, including the identification of its strengths and limitations. The subsequent sections address key aspects of knowledge, issues and perspectives that impact upon the work and function of RPBs. Section 2.3 clarifies the term 'Third Sector'. In acknowledging the complexity and controversy attached to this term, a rationale is proposed for the definition adopted for the purposes of this study. Section 2.3a paints a statistical picture of the third sector in Wales to give the reader a more meaningful appreciation of the nature, breadth and content of the sector in Wales. This is followed, in section 2.4, by a critical review of the literature concerning government and governance. RPBs are principal partnerships in Wales that are statutorily required to negotiate the complicated and complex terrain of how to bring together different organisations and sectors in governance arrangements that include those with and without statutory responsibilities. Section 2.4a explores the appropriate and needful role of government within such governance arrangements. This is complemented by section 2.4b that explores how governments and administrations have sought to blend new governance arrangements with an ongoing commitment to the market. Most studies highlight the internal and external conflicts caused by this blended approach and demonstrate how the statutory sector has found it very difficult to relinquish control of

decision-making or share control with non-statutory partners. It is argued that this has led to the exploitation of market tools such as procurement and performance management to maintain a hierarchy within partnerships. Section 2.4c develops this further by critically reviewing the literature that specifically relates to the development of government and governance in Wales since devolution. This highlights a distinctive focus on participation, coproduction and involvement. In section 2.5, the chapter critically explores the literature related to partnerships and considers what different studies have taught us as to what makes for good and effective collaboration within partnerships. Section 2.5a explores how the inclusion of service user members, as required in RPBs, has affected the role and activity of partnerships, before sub-section 2.5b examines how power within partnerships operates and is mediated. The essential part played by trust is highlighted in sub-section 2.4c demonstrating that attention to partnership development is as important as focusing on partnership impact.

Section 2.6 then highlights the learning that is emerging from studies of partnership working and the role of the third sector during the COVID-19 pandemic. In particular, it explores how multiple barriers to collaboration were removed and how the third sector was able to demonstrate its significance, professionalism and dependability. The section draws attention to research that encourages, even entreats, decision-makers to embed and not lose the important learning from this difficult but important period.

Section 2.7 concludes the chapter by summarising the findings and conclusions drawn from this literature review and describing how this study will contribute to the debate associated with third sector involvement in partnership as it relates to RPBs in Wales.

2.2 Literature Review Method Statement

The literature review sought to gain a comprehensive understanding of the breadth of research and knowledge on the thesis topic. It is best described as both systematic and iterative. The two principal strengths of the systematic approach were completeness and reliability (Rudmik & Smith, 2011). The review aimed to cover the breadth of relevant literature and not be limited to cherry-picked items. The iterative nature of the review was predicated on its development through repeated

cycles of assessment and amendment. The main strength of iteration was that the process became an evolving journey of discovery that helped to further determine and refine the research focus. In the case of this study, the specific themes that were to eventually determine the analytical framework for the field research were a direct product of the iterative review.

The review began with an initial scoping search to identify articles, journals, key authors etc. related to the area of interest. This initial search used the general search facility of the university library linked to generic search engines. The search used key words associated with the early iteration of the research aim and objectives such as *Health, Care, Third Sector, Wales and Partnership*.

Some keywords were not immediately obvious. These only become apparent as the iterative review made progress. When additional important key words emerged the search string was adjusted each time. Lunenburg & Irby (2008) describe this as the funnel approach. As the search cycles were refined, fewer and fewer papers were included. Examples of new terminology, phrases and ideas included *Governance, Government, Power, Trust and Equality*. This iterative approach was useful in ensuring the systemisation of the review. However, at a point in the review a judgement was made that the process had adequately achieved its aim. The risk was always that additional search cycles may have discovered important key words that were missed.

Following the initial scoping searches using generic search engines, greater use was made of specific databases available via the university. The number of databases available is initially daunting and it took time to identify the databases that were deemed most helpful. Greatest use was made of browse e-journals, ProQuest Central, EBSCO Business Source Complete and Cochrane Library. Other significant sources that were searched included the National Library of Wales, the British Library and NHS Wales Library Service. Because of the overwhelming number of literature sources that exist, there was always the possibility of not identifying the key sources for the research thereby missing important papers within the literature. The choice of databases was guided by advice from research supervisors and from the university library staff.

As well as online searching of databases, the literature review implemented a snowballing technique (Wohlin, 2014). This started with a small number of highly relevant papers. Backward snowballing involved the searching of papers that were in the references list of these papers (Felizardo, et al., 2016). Forward snowballing found papers that reference or cite the article being reviewed (Badampudi, et al., 2015). The university library databases made the task of snowballing easier by using the 'cited' and 'cited by' functions.

As the iterative review progressed use was made of filters such as date, location and type of resource. This sought to ensure that key papers were included, particularly in more recent years. In addition, the selection of literature was reviewed as to its relevance. Only papers that were relevant to the study were kept and any that were deemed off topic were excluded. In this task two main guidelines were followed. First, at the stage of selecting by titles only obvious duplicates were rejected. However, when selecting by abstract, papers were kept only if the content spoke directly to the research area of interest.

The literature reviewed was managed and organised by initially recording searches on the university library website. This made it possible to return to a specific search and either repeat it or refine as required. In addition, an Excel spreadsheet was created in which the main points from the papers were highlighted. Hyperlinks were included to the downloaded pdf versions of the papers. Bookmarks and annotations were used judiciously to assist in the navigation and retrieval of the literature as the body of papers reviewed grew larger, and as the task of writing the literature review began.

2.3 The Third Sector

To be able to assess the third sector's role in health and well-being planning via RPBs, it is important to clarify what is understood by the words 'third sector' and what the literature reveals about the term, its usage and its associations.

Much has been written and said about the nature and significance of the sector. These studies, reports and strategies are often academic in nature, sometimes romantic in perspective and frequently appreciative and celebratory. For example, the many studies into the role of volunteers and third sector organisations during the COVID pandemic are illustrations of the latter (Grey, et al., 2022; Thiery, et al., 2021;

Welsh Parliament, 2021). Such studies often refer to the comprehensive and positive contribution made by the sector to civil society and to public services (Welsh Parliament, 2021). From the first examples of individuals offering mutual help and organising to deliver societal support, third sector initiatives and organisations have played a crucial and essential role in the inception, development and nurturing of civil society.

In his thesis on equalities and diversity Jonathan Sachs (2002) states that society makes a major mistake in assuming that only the state and the market can deal with social problems. He proposes that institutions such as families, communities, fellowships and neighbourhoods, which are greater than the individual, but smaller than the state, operate on a different logic:

Families and communities are held together not by the coercive use of power, not by the contractual mechanisms of exchange, but by love, loyalty, faithfulness and mutuality: being there for one another when we need one another. I call them "third sector" institutions. And without that third sector, there will be problems that neither governments nor markets can solve.
(Sachs, 2002, p. 142)

Whilst Sachs makes a compelling argument for the sector's importance, the use of the term 'Third Sector' is complex and attracts much criticism. One of the most significant attempts at defining the sector was the Johns Hopkins Comparative Nonprofit Sector Project led by Salamon and Anheier (1997). This was a comprehensive project spanning many years and involving a number of social scientists. It produced a *structural-operational definition* (Salamon & Anheier, 1992) that identified five key characteristics of the third sector: organised, private (separate from government), non-profit distributing, self-governing and voluntary. However, a universally accepted and applicable definition proved ultimately illusive. Definitions of the term differ according to the research questions scholars are seeking to address (Morris, 2000). Some have even questioned and rejected the very notion of a homogenous sector (Grotz, 2009) that is definable.

The term has been the subject of political appropriation for different approaches and projects by successive governments, both UK and devolved. The use of the term has been seen as an attempt to draw the sector closer to government, whereas other

terms such as Voluntary Community and Social Enterprise (VCSE) are interpreted as emphasising the independence of the sector from government (see sections 2.4b and 2.4c). It is a term still used in Wales and Scotland and, to some extent but less so in Northern Ireland. However, it is now rarely used in England and other UK nations. For example, in their report on community-led health service design in England, Anand & Dyson (2023) used the term VCSE “to describe organisations belonging to the charitable sector, third sector, voluntary sector, non-profit sector, Non-Governmental Organisation (NGO) sector and civil society” (Anand & Dyson, 2023, p. 9).

Some have accused users of the term of demeaning the sector and made comparisons with similar terms such as ‘third class’, ‘third rate’ and ‘third world’. They argue that accepting the use of this terminology makes one complicit in a system that, by its nature and culture, relegates the sector to a lower level of importance in a hierarchy governed and controlled by the statutory sector (Corry, 2010). To some the term is symptomatic of a culture that gives rise to the sector’s principal difficulties and problems. Carmel & Harlock (2008) comment that:

The discursive construction of [Voluntary and Community Organisations] as the third sector is embedded in a system of governance that tends to institute them as technocratic and generic service providers. In doing so, it renders their specific social origins, ethos and goals absent, as if these are politically and socially irrelevant to their activities and role in relation to the state. We argue that the partnership with VCOs, promoted since the late 1990s, has changed its meaning... (Carmel & Harlock, 2008, p. 156)

Equally, others have criticised the ways in which the third sector is described in negative terms, for example non-profit, non-government, non-statutory. Such descriptions tell us what the sector is not but do little to clarify the nature and substance of the sector (Alcock, 2010a).

In the absence of a generally accepted definition, the scope of the term ‘third sector’ is often indefinite. It is unclear what is included and excluded when one refers to the ‘third sector’. William Beveridge, the inspiration, founder and architect of the post-war welfare state, defined voluntary action as ‘private action not under the directions of any authority wielding the power of the state’ (Beveridge, 1948, p. 8) and posited that

‘the vigour and abundance of voluntary action ... individually and in association with other citizens ... are the distinguishing marks of a free society.’ (Beveridge, 1948, p. 10). This assertion was echoed many years later by Cohen and Arato (1992, p. 418) who stated that “in representative democracies, political society both presupposes and must be open to the influence of civil society.” Kendall & Knapp (1996, p. 18) offered a description of the sector as including those organisations that are independent of government and self-governing, “not-profit-distributing and primarily non-business” and involve a significant number of volunteers.

Those working in Wales and carrying out Wales-based studies, such as Chaney (2015, p. 1462), offer similar descriptions by speaking of the third sector as an ‘umbrella term ... to refer to the principal collective signifiers associated with non-government advocacy and service organisations (including, ‘voluntary sector’, ‘civil society’ and ‘non-profit sector’)

Given the frequent use of terms such as not-for-profit and non-government when defining ‘third sector’, it is unsurprising that such descriptions are echoed in Welsh legislation. The third sector is described in Section 74 of the Government of Wales Act 2006 as:

bodies other than local authorities (or other public bodies) whose activities -

- are carried on otherwise than for profit, and
- directly or indirectly benefit the whole or any part of Wales (whether or not they also benefit any other area)” (UK Government, 2006)

Welsh Government’s Third Sector Scheme explains that the term ‘third sector’ is used as ‘an inclusive and overarching description of a very diverse range of organisations.’ (Welsh Government, 2014b, p. 1.11) It goes on to state that “there is a broad range of organisations which make up the fabric of the Third Sector including community associations, self-help groups, voluntary organisations, charities, faith-based organisations, social enterprises, community businesses, housing associations, development trusts, co-operatives and mutual organisations.” (Welsh Government, 2014b, p. 1.12). The phrase ‘not for profit’ or the descriptor ‘non-profit’, when used to describe the third sector, refers to the fact that such organisations do not distribute profit to their owners or shareholders. All income, including any surplus, is used to further the objectives of the organisation.

In his study into partnership between government and third sector in England, Alcock (2016) acknowledges the complexities and inconsistencies of terminology, especially as the term 'third sector' is hotly contested and relatively new (see section 2.4c). However, he argues that "for terminological consistency [the sector] will be referred to here as the third sector." (ibid, p. 96). A similar pragmatic approach is proposed by Halfpenny and Reid (2020, p. 534) because no definitional consensus has been found. This study also adopts the same approach for the same pragmatic reasons. It is the term utilised and widely accepted within public discourse, academic study, policy making and legislation in Wales (Casey, 2004). Also, because this study explores the experience of strategic members of statutory partnerships in Wales, it is appropriate and consistent to accept the terminology and definition of 'third sector' as set out in Welsh Government's Third Sector Scheme quoted above.

2.3a Wales' Third Sector: Key Information

It is impossible to be absolutely accurate and definite about the organisations that constitute the third sector in Wales. Because of the spontaneous, autonomous and independent nature of the groups, enterprises and organisations that constitute the sector, initiatives regularly emerge, grow and disappear. However, it is known that the sector is very large, very diverse and very active in all communities.

The Wales Council for Voluntary Action (WCVA) provides a third sector data hub for Wales (Wales Council for Voluntary Action, 2021) which draws largely on external data sources, such as the Charity Commission and population surveys. The information in the data hub is updated with the most recent data available from these sources.

In 2022 the WCVA portal reported that the third sector in Wales consisted of approximately 44,000 organisations of which 6,600 were registered charities. The majority of third sector organisations in Wales (52%) are micro-organisations with an income of less than £10,000 per annum. 89% of organisations are designated as local with only 6% described as national (Wales and/or UK). This indicates the importance of local activity in a nation comprising a large number of rural communities. This fact is further strengthened when considering the spread of organisations across Wales, with a significantly larger proportion of organisations active within deeply rural areas such as Powys (3,755 organisations for 1,300

population) compared with urban conurbations such as Cardiff (4361 organisations for 485,000 population) or Swansea (1,974 organisations for 238,000 population). 23% of third sector organisations in Wales describe their principal purpose as 'community', supporting the general public.

Data about how many organisations receive funding from the public purse are not collected systematically at a Wales-wide level. However, by way of illustration, in Powys there are over 4000 third sector organisations. Information gathered by Powys Association of Voluntary Organisations indicates that approximately 150 of these organisations receive funding from Welsh Government, Powys County Council and/or Powys Teaching Health Board (Powys Association of Voluntary Organisations, 2017). This is only 3.75% of the sector in Powys. These data are significant when considering issues of partnership. The vast majority of third sector organisations have no commissioned relationship with the statutory sector, nor are they involved in funded projects or service delivery. Nonetheless, their activities, individually and cumulatively, have a huge impact on the health and well-being of individuals, households and communities.

It is noteworthy that the makeup of the third sector in Wales is characterised by a higher proportion of micro and small organisations compared with all other UK nations and compared with the UK generally. However, it is more reliant on government funding and raises less money via public giving compared with the UK. For example, in Wales 41% of charities' income comes from government sources in the form of grants, contracts, service level agreements etc. compared with 28% of charities' income across the UK. This is significant when discussing partnership relationships because it affects the extent to which the third sector can and does operate independently and dispassionately.

The third sector in Wales is a significant employer and, in 2019, employed around 124,800 people, 10% of Wales' employed workforce. These third sector employees were employed across 6,850 different organisations. In addition to the paid workforce, the third sector deploys an army of unpaid volunteers. During 2019-2020 26% of the population of Wales participated in volunteering activities. It was estimated that this equated to 938,000 volunteers contributing at least 145 million work hours each year. In 2017-18 it was estimated that the contribution of volunteers accounted for approximately 3.1% of Wales' gross domestic product. Here again, the

spread of volunteering reflects the spread of organisational density across Wales, with rural areas demonstrating higher levels of volunteering compared with cities and more urban areas. These data powerfully demonstrate the economic significance of the third sector in Wales, together with the well-being impact that comes from employment and meaningful activity such as volunteering.

2.4 Third Sector Involvement in Policy Making and Planning

In Wales, by virtue of the Social Services and Well-being Act and associated guidance, RPBs have become a key mechanism used by Welsh Government to bring together statutory and third sector partners in the setting of strategy, the development of plans and the delivery of services in respect to health and care services. Below are the principal issues raised within the literature that impact upon the appropriateness and effectiveness of such arrangements.

2.4a Government and Governance

It is not uncommon to hear multiple and repeated calls for a common language. Often this is misplaced because the terminology used by colleagues and partners is frequently similar, if not identical. The difficulties arise, not because people are using a different language, but because people mean different things by the terms or jargon that they share. It is not a common language that is needed, but a common semantic. This is resonant of empty signifiers discussed by Laclau (2000), who conceived of a signifier without a signified, and went on to articulate the complex and debilitating implications of words that are divorced from a common or shared semantic.

This is not least the case when considering terms such as 'government' and 'governance'. It is important to be clear about the distinction because RPBs operate within partnership governance arrangements that include government agencies such as local authorities and Welsh Government. It would also be possible to include other statutory agencies, such as health boards, within the government or statutory category of organisations.

Various scholars have sought to define governance and clarify the distinction between governance and government. Kooiman (1993) describes governance as the

pattern that emerges from governing i.e. the deliberate means adopted to steer and guide a society or a community. Evans et al (2005) make a particular point:

Governance is more than “government”, ... [it] embodies the idea ... that there should be multiple actors beyond government in the provision of public services, including civil society actors. Governance is also concerned with building centralised capacity within the state for the facilitation of the horizontal management of public policy. (Evans, et al., 2005, p. 77)

This builds on an earlier contribution by Rhodes (1996), who points out that we must not consider government and governance as synonyms. The former changes the meaning of the latter, whereby governance signifies a new way or method by which society is governed by government. He describes governance as ‘self-organising, inter-organisational networks, designed to support the implementation of control, particularly over resource allocation’ (p. 652) and identifies six uses of the term governance:

1. The Minimal State: The reduction of statutory sector intervention and the use of markets and quasi markets to provide public services.
2. Corporate Governance: The processes and procedures that are employed to direct and control organisations.
3. Good Governance: The transparent and accountable processes and procedures that enable public confidence in political administrations. (Leftwich, 2007)
4. Socio-cybernetic System: The state needs to focus on corporate governance whilst also ensuring that the socio-cybernetic system this causes, including actors who are responsible for implementation and delivery, operates safely and effectively (Jessop, 2003).
5. Self-Organising Networks: The complex system of networks beyond government that are often established or encouraged by governments. Networks challenge governance rooted in control and competition.
6. New Public Management: The ways in which government delivers its agenda via other organisations and sectors (Hood, 1991).

Confusion between these terms causes tensions, misunderstandings and potentially undermines the effectiveness of partnerships. Peters & Pierre (1998) agree that

there is insufficient distinction between the use of these terms. They assert that most developed Western democracies are implementing an approach that is characterised as 'Governance without Government' (Rhodes, 1996). In this they see government as having become less about controlling the policy and planning framework, and more about enabling the involvement of key actors in the determining of policy and planning. It could be concluded that, due to the rise of governance and, in particular, New Public Management (NPM) (Ferlie, 2017), the specific role and function of government has been weakened and marginalised. Bevir et al (2003) state that the reform of the statutory sector, commonly referred to as New Public Management:

refers to a focus on management, not policy, and on performance appraisal and efficiency; disaggregating public bureaucracies into agencies which deal with each other on a user pay basis; the use of quasi-markets and contracting out to foster competition; cost-cutting; and a style of management that emphasises, among other things, output targets, limited term contracts, monetary incentives and freedom to manage. (Bevir, et al., 2003, p. 2)

They argue that NPM has proved to be contradictory in that it seeks simultaneously to be hierarchical and egalitarian. They place the argument in the context of globalisation and how this has 'hollowed out' the state and conventional forms of controlling governance. They challenge the positivist view and conclude that it is people's beliefs and interpretation of laws and rules that are the greater determinants of the actions of individuals. Furthermore, because organisations are made up of individuals, one cannot conclude that institutions adopt a fixed or objective standpoint. This critique of NPM echoes an earlier conclusion of Kickert *et al.* (1997, p. 3) who argue that "One of the major challenges with which public management is confronted is to deal with network-like situations, that is, situations of interdependencies". However, Rhodes (1997, p. xii) maintains that partnerships and networks can develop strategic solutions to these dilemmas that give rise to cooperation and coordination. Likewise, Bevir et al (2003) do not accuse actors of blatant self-interest, rather they refer to the multiple and diverse influences on people's beliefs and desires that motivate action and behaviours. A different view is offered by Rhodes (1996) who concludes that the increasing process of 'hollowing out of the state' has led to government seeking to claw back control by strengthening its control of resources. Although responsibility for service delivery has been

decentralised, he points out that the centre has lost its direct control of the planning and coordination of services and that financial management has become more centralised.

In their examination of NPM within Governance, Peters & Pierre (1998) argue that NPM is ideological in its essence rather than cultural. It places competition at the heart of networks and the delivery of public services. However, they also state that governments were never designed to manage competition, but to legislate and to ensure compliance. The prime focus of NPM is outcomes and the transformation of the statutory sector. They go so far as to state that the independent sectors (private and third) have become dominant actors within the policy and planning environment, mainly due to the poor performance of the statutory sector. The latter's function has evolved from controlling matters to facilitating and influencing matters. Government finds itself an equal partner within an interdependent network, where it is as reliant on others as others are on it. Within governance arrangements, as within NPM arrangements, they describe the role of elected politicians as developing the network and supporting it in setting goals and agreeing outcomes.

The challenge for government is to identify and employ different ways of facilitating networks, so-called meta-governance (Sorensen & Torfing, 2005). This requires different skills and knowledge. A simple imposition of old order government control skills will not work. Meta-governance has been described as 'the management of complexity and plurality' (Jessop, 1998, p. 42), in other words the collaboration with other actors to jointly manage the interdependent context in which all partners operate. Bristow *et al.* (2009) explain that meta-governance can take three forms: network design, where government shapes the collaborative environment; network participation, where government facilitates cooperation; and network framing where government sets the objectives and desired outcomes of the participative vehicle. Bogason (2001) takes this further by offering an institutional analysis of the new networks in public governance. He recognises the fragmentation that has taken place within statutory governance and argues for a bottom-up approach whereby policy is determined, and planning is led, not by professional experts, but by activists and practitioners.

This learning is enhanced further by Fisher (2003) in his examination of these issues for policy and planning. He focuses particularly on how discourse and participation

transform and subvert the ways in which policy is made and governance is implemented. He refers to the realities of governance as messy, demonstrating that the theoretical simplicity of NPM is more complex and nuanced by a variety of issues. This messiness of network governance is also commented upon by Rhodes, who suggests that 'Messy problems demand messy solutions' (Rhodes, 1997). This is accomplished by replacing the relatively tidy hierarchy of the statutory sector with a nexus of 'lateral, diagonal and vertical relationships with other bodies operating at different tiers and in associated policy fields' (Lowndes & Skelcher, 1998, p. 315). Kickert comments that these matters are not 'problems and difficulties which have to be mastered, but sources of innovation'. (Kickert, 1993, p. 201)

This inevitably has implications for accountability, which remains an unresolved issue. The traditional democratic mandate has been, at least in part, replaced with collaborative leadership. An alternative perspective would be that democracy has become more participative by involving people in discussions and decisions that affect them and their fellow citizens. Evans *et al* (2005) draw our attention to the focus within governance arrangements on evaluation, accountability and sovereignty. They make an important distinction between 'administrative accountability', 'evaluation' and 'public accountability'. In their description of this distinction, public accountability relates to reporting against the appropriate and responsible use of money; evaluation enables the testing of whether a service has produced the outcomes it was funded to produce; public accountability refers to the commitment to citizens that the service's outcomes are sustainable. These distinctive but complementary functions of governance are a significant and influential feature of governance arrangements and have a particular resonance within partnership arrangements. Where the distinctive nature of these different functions is not understood or is confused, the basis on which New Public Management is founded can be easily, even fatally, undermined.

This analysis of government within governance has many critics, among them Davies (2000) who cites Morgan *et al.* (2000) in concluding that the notion of 'governing without governance' is a 'fatal conceit' (ibid p.196). His conclusion is predicated on the findings of several studies that demonstrate that the role of, for example, local authorities is traditionally hierarchical within governance networks. The control exerted by elected councillors and their officers is not diminished within

network or partnership arrangements. Local authorities may have devolved administrative powers, but they have increasingly centralised political powers. In Davies' research this was exacerbated by the fact that funding decisions were not devolved and, therefore, local networks were significantly constrained in their scope of influence and control.

Governments of all political colours have become increasingly interested in including the third sector in governance arrangements (Brandson, et al., 2017). Chaney (2002) points out that government can and does benefit greatly from social capital. Whilst social capital is not synonymous with our working definition of 'third sector', nonetheless the creation and development of social capital is essential to third sector activity. Chaney describes social capital as "the social networks and norms which underpin civil society and patterns of active citizenship" (Chaney, 2002, p. 22) and argues that the social networks to which social capital gives rise can improve the effectiveness of society. Moreover, they perform significant functions that, in essence, are germane to the political process as common goals are pursued and shared problems are resolved. Hain (1999) sees great hope in the involvement of the third sector, stating that it "offers the prospect of a successful community enterprise alternative to unbridled capitalism on the one hand, and failed bureaucratic, centralized public ownership on the other" (Hain, 1999, p. 19).

2.4b Third Sector, Government and Governance

It is useful to trace the evolution of third sector involvement in governance arrangements within the UK, particularly as it affects the situation in Wales. Although government has been devolved in Wales since 1999, its political and policy stance did not emerge *ex nihilo*. An exploration of the literature of successive UK administrations is important to understand the rock from which Welsh Labour-led governments were hewn, and the basis from which they have sought to plough a distinctive furrow. The specific Welsh context will be explored in section 2.4c.

At the conception and inception of the welfare state William Beveridge held that, whilst people should be entitled to a very basic level of state help, they should also help themselves and avail themselves of the support and assistance of voluntary organisations. It was never Beveridge's intention that the state help he advocated be long-term or develop into the Welfare State. However, state provision developed and

grew in such a manner that the third sector help and support referenced by Beveridge became a parallel provision and, in parts, a subordinate provision.

In the post-war years the Labour Party applied itself to developing a new relationship, not between government and the third sector, but between government and citizens based on a concept of social citizenship, as distinct from the basis of citizens' rights that had characterised its relationship with people up to that point. Sullivan (2005) describes this period, following the election of a Labour government in 1945, as a time when

the party set about creating a reasoned and moral case for social democracy, defined here as a set of political ideas that suggest that the goal of socialism is achievable through the means of parliamentary democracy (ibid p51)

The goal of this new direction was equality, but the means by which this was achieved was the conflation of social equality with economic equality, founded upon social justice. This was believed to be both possible and achievable. Sullivan (ibid) points out that the principal architect of this approach, Tony Crossland, believed that the state had a duty to manage the market in order to achieve government outcomes. If necessary, the state should also displace the market.

The future role and purpose of the third sector became controversial. Opinions became polarised, some predicting the demise of the sector completely (Mold, 2009) and others arguing that the sector should be supported to play a more significant role in decision-making and the provision of services (Hansard, 1978). This political direction underpinned Margaret Thatcher's administration in the late 1980s which reshaped statutory agencies and began to erode the traditional boundaries between public, private and third sectors (Hastings, 1999). This was not predicated on the re-ordering of institutions or organisations, but on the reforming of attitudes and behaviours, and therefore culture. As a result the statutory sector was forced to become more business-like and began to adopt and emulate the practices of the private sector. Government introduced new legislation and new operating expectations from out-sourcing and compulsory competitive tendering creating purchaser provider splits in services as diverse as health, housing, social care and children's services.

Although Margaret Thatcher's government tried to develop a new social contract based on rights and responsibilities, it did so whilst simultaneously treating the third sector as a part of the supply chain within a market it sought to develop, manage and control. As a consequence, the creation of markets for statutory sector services forced the sector into the role of provider within a purchaser-provider relationship. The rise of New Public Management (Rochester, 2014) resulted in volunteers being placed under stricter management controls and subjected to onerous performance measures (Scott & Russell, 2001, p. 59). It was even suggested by some that the third sector could suffer a split with, on the one side, organisations funded to deliver services and subject to government management and, on the other side, totally independent organisations free to pursue their own aims and objectives (Knight, 1993, p. 5).

Studies have explored how New Labour, under Tony Blair's leadership, set out to increase the use of the reconceptualised third sector in the delivery of public services, arguably further developed by the Conservative–Liberal Democrat coalition. Davies (2011) describes how 'Old Labour' was based on traditional social democratic values that rendered citizens stakeholders and custodians of social democracy. These are described by Sullivan (2005, p. 17) as building a welfare state that redistributes resources, even if it doesn't guarantee equality; the bringing together of social policy and economic policy to correct disadvantage and the provision of a minimum level of security for all people.

The election of the Blair government in 1997 was hailed as a sea change in traditional Labour policy. However, Tony Blair's 'third way' became a subsequent version on a theme of commoditising the third sector within a free market, rather than an innovative development. Blair argued that:

If local people are to enjoy a sound economy and a better quality of life and if communities are to deal with cross-cutting issues like youth justice, drug abuse and social exclusion, we have to harness the contribution of businesses, public agencies, voluntary organisations and community groups and get them working to a common agenda. (Blair, 1998c, p. 10)

He set out the aims of the third way:

The work of the voluntary and community organisations is central to the Government's mission to make this the Giving Age. They enable individuals to contribute to the development of their communities. By so doing, they promote citizenship, help to re-establish a sense of community and make a crucial contribution to our aim of a just and inclusive society. (Blair, 1998a, p. 3)

Blair also argued that "a key challenge of progressive politics is to use the state as an enabling force, protecting ... voluntary organisations and encouraging their growth to tackle new needs, in partnership as appropriate" (Blair, 1998b, p. 4) This is a noteworthy example of the use of the third sector in the early years of the Blair discourse.

However, Sullivan (2005) points out that Blair's Third Way focused on growing the economy rather than on building civil society or distributing wealth. He lists the objectives of the Third Way as:

- emphasizing the responsibilities of citizenship thereby changing the balance between rights and responsibilities.
- targeting social provision on an identifiably meritorious or deserving section of the population rather than upholding welfare rights as universal rights.
- redefining the role of government in addressing the problem of poverty.
- establishing the legitimate role of the state as guarantor of social provision rather than as always the provider (ibid p. 46).

The Third Way may have aimed to navigate a path between Old Labour's social democracy and the conservative-led governments of Thatcher and Major. However, it still chose to work with the primacy of the market and simply refocused the objectives of the welfare state in order to develop an economy-centred rather than a person-centred investment model. It is also why, in large part, the third sector had to be re-imagined because, to have used Thatcher's arguably underdeveloped understanding of the sector, he would not have been able to draw it into his new 'vision'. Consequently, the use of 'third sector' terminology becomes tactically and strategically important. It is reasonable to assert that Blair placed rights and responsibilities at the centre of his policy framework: "For every right we enjoy, we owe responsibilities . . . You can take but you give too. That basic value informs New Labour policy' (Blair, 1996). Nonetheless, despite the fact that Blair's government

developed networks (the bringing together of different sectors and agencies to cooperate with each other and with citizens to bring about greater equality and to further the Government's objectives), these were often overpowered by the statutory sector. For example, Blair obliged local government to change in order to align itself to New Labour policy and practice. Local authorities that did not comply were threatened with sanctions. According to Davies (2000), this further embedded a hierarchical culture within networks placing elitist control in the hands of an increasingly centralised state.

David Cameron's 'Big Society' (Alcock, 2010b) tried to offer a different approach by suggesting that local voluntary action could encourage people to get involved, with government alongside as a supportive and empowering agency (Cameron, 2011). Here again, the emphasis was on using a third sector, reconceived within a wider civil society, as a way of delivering the government's agenda, rather than as an equal partner in co-producing policy. In England the sector was largely excluded as a policy partner at a strategic level, preferring to involve the sector in selective service provision. Cameron's big idea floundered principally because critics concluded that it was little more than a delegation by government of service provision responsibilities to an under-resourced and under-supported third sector. It also diminished the structures of governance in which the Labour Government invited the third sector to participate, for example New Deal for Communities, Health Action Zones and Education Action Zones. These are examples of the way in which New Labour brought the third sector into governance. The importance of this cannot be overestimated. New Labour could be regarded as being part of a governance revolution in that it embedded new ideas and practices through the creation of new, institutional forms that became the foundation of the Welsh Labour approach. Cameron's Big Society, while drawing on many familiar tropes, was arguably not about formal governance but about the utilisation, even exploitation, of the sector in order to support government aims and compensate for government's inabilities and short-comings.

Attempts at managing the sector developed even further as volunteering became a means whereby government sought to assist people into employment. This became very controversial, particularly under Theresa May's administration, when, albeit an oxymoron, attempts were made to make volunteering compulsory via Job Centres

and a National Citizen Service. This caused significant tension between government and the third sector, which rejected any notion of mandatory volunteering and, especially, volunteering routes that bore a penalty for non-compliance. This approach offended the very essence and purpose of volunteering as understood by the third sector. For such reasons the Welsh Government's Volunteering Policy makes it clear that volunteering that includes any element of mandation cannot be considered volunteering (Welsh Government, 2015b, p. 3)

2.4c Multi-layered Government and Governance

The journey of devolution in Wales is of central importance to the context of this study. It is necessary to understand the political, social and economic history and environment that led to the establishment of RPBs by the Welsh Government and to its decision to invest them with responsibilities and significant financial resources (£145m revenue funding in 2022-2023). This critical analysis helps to understand the extent to which Labour-led administrations in Wales have achieved their stated outcomes and delivered against their aspirations as regards RPBs.

Devolution in the United Kingdom has gained pace, particularly since the establishment and development of a devolved parliament and separate government in Wales to join the devolved arrangements in Scotland and Northern Ireland, each with their different histories and stories. This has given rise to interesting questions about multiple levels of government and governance and how these impact upon the third sector and partnership policy which is now determined by separate legislatures and not by ministries of a central UK government. Chaney (2002) suggests that Wales presents itself as a useful and interesting context for the exploration of how the relationship between government and the third sector has been reframed. Hain (1999, p. 6) described pre-devolution Wales as a nation with an "inheritance, unmistakably rooted in decentralised, libertarian, socialist community values of solidarity, social justice and cooperation." Sullivan (2005) supports this view and refers specifically to Christian Socialism as being germane to the development of Labour's social democracy. This had strong links with the influential non-conformist denominations in Wales in which mutual and reciprocal responsibility via community, together with individual responsibility via personal salvation was preached with conviction. Hain went on to claim that, "the growth of the "social economy" or "third

sector" ... offers the prospect of a successful community enterprise alternative to unbridled capitalism on the one hand, and failed bureaucratic, centralized public ownership on the other" (Hain, 1999, p. 19).

The first referendum on devolution was held in 1979, the results indicating a divisive and divided appetite for devolved government. This has been a long journey with slow momentum. Devolution was a policy commitment of New Labour and policy began to emerge from the Welsh Office between 1997 and 1999. White papers were produced that set out the nature and content of devolution in Wales and Scotland (Welsh Office, 1997). Devolution was gradually reconstructed through a succession of constitutional legislation for example Government of Wales Acts 2003, 2006, 2014 and 2017. An increasing policy contrast developed between the nations of the UK. In England there was continued emphasis on partnership between health and local authorities, whereas in Wales there was a commitment to developing partnership at different levels with different agencies and, most importantly, with citizens. Wales aspired to providing services with people, putting the principle of involvement at the heart of its policy rationale. This principle has been developed and strengthened by successive Labour administrations in Wales, culminating in the current focus on co-production. This has been defined by Welsh Government as:

The concept of genuinely involving people and communities in the design and delivery of public services, appreciating their strengths and tailoring approaches accordingly... (it) is fundamentally about doing things 'with' rather than 'to' people. (Wales Audit Office, 2015)

Consequently, co-production requires the full and equal involvement of people in the design, delivery and evaluation of public services.

Welsh Labour sought to put 'clear red water' between the policy context and content in Wales compared to England. This reinforced Welsh Labour's foundations as those of a distinctive Welsh Social Democracy, galvanised and honed in the crucible of a new, devolved Wales. The clear red water became known as 'The Welsh Way'.

Rhodri Morgan, First Minister of Wales and the Leader of Welsh Labour from 2000 to 2009, described this distinctive, devolved approach as:

Our commitment to equality leads directly to a model of the relationship between the government and the individual that regards that individual as a

citizen rather than as a consumer. Approaches which prioritise choice over equality of outcome rest, in the end, upon a market approach to public services, in which individual economic actors pursue their own best interests with little regard for wider considerations (Morgan, 2002)

The Welsh Way retained many of Old Labour's policy principles, such as social justice and equality. However, successive Labour administrations in Wales have added values that are not new, but borrowed from an older past. Sullivan describes the approach stating:

The Labour administration in Cardiff seems to have added a more modern, but also older, set of emphases on collaboration, participation, communities and partnership. The reality is that the Labour administration in Cardiff has fused an Old Labour tradition with a renewed quasi-syndicalist impulse – a sort of forward-to-the-past rather than back-to-the-future approach! It highlights the collective nature of the contemporary politics of health policy in Wales and contrasts with an English Blairite emphasis on consumerism and individualism (Sullivan, 2005, p. 63)

Welsh Labour secured and forged ahead with a continued commitment to collectivism in public policy and rejected the focus on consumerism and individualism seen over the border in England. First Minister Rhodri Morgan clarified and raised awareness of this important distinction:

The actions of the Welsh Assembly Government clearly owe more to the traditions of Titmuss, Tawney, Beveridge and Bevan than those of Hayek and Friedman. The creation of a new set of citizenship rights has been a key theme in the first four years of the Assembly – and a set of rights, which are, as far as possible: free at the point of use; universal, and unconditional. (Morgan, 2002)

The policy focus at this point in history was the needs of the people of Wales and not the wants or asks of consumers.

In Wales the Labour Party has been in power since the beginning of devolution, albeit without a majority and occasionally in coalition with others (see comments on One Party Dominance p.44). Welsh legislation has been the exclusive product of the Labour-led Government in Wales. Newman's (2001) study of New Labour's attempts

to strengthen social policy sheds a useful light on Labour's approach in Wales. Newman describes the dual role played by the third sector in governance, those of independent agency and collaborative partner. Arguably, section 16 of Welsh Government's Social Services and Well-being Act 2014 (National Assembly for Wales, 2014) is distinctive in UK legislation in that it seeks to promote the sector in a way no other administration has done. It identifies the sector as a necessary partner in policy making and strategic planning, as well as in service delivery. The recent evolution and burgeoning of social prescribing or community connecting are illustrative of this inclusion (Welsh Government, 2023; Wallace, et al., 2021). In addition, the Welsh model of inter-sectoral work relies heavily on the New Labour model. Here works from such as Glendinning *et al.* (2002) are key, particularly their evaluation of partnership as a means of achieving joined-up governance.

There have been different political influences that have shaped, and continue to shape, the nature of governance and partnership arrangements in Wales. Chaney (2014) argues that electoral discourse has resulted in differing policy approaches with and to the third sector, and that the third sector has had an increasingly important role in welfare governance. He examines the manifestos of political parties, arguing that insufficient attention has been given to 'the nexus between electoral politics and third sector policy' (Chaney, 2014, p. 587). Particular attention is given to 'issue salience', the extent to which issues are given prominence in electoral campaigns assuming that they will win over voters. Chaney demonstrates that the third sector did not feature significantly in political party manifestos in the years following the second world war. However, from 1964 there was a significant and steady increase in the salience of the sector in political campaigns. This is true of all parties, albeit that the weight given to the third sector wavers from party to party over time. Chaney goes on to state that the sector is a 'valence issue' rather than a 'position issue' for political parties (Stokes, 1992). This is to say that it is an issue that is generally accepted as important, rather than one that pertains to the particular perspective of a given party. In his comparing and contrasting of different parties' reference to the third sector in devolved administrations within the UK, he reveals that Scotland makes the most references followed by Wales then Northern Ireland. It is evident that the third sector has featured increasingly significantly in Wales' electoral campaigns, with particular emphasis on inclusion, cooperation and

partnership (Chaney & Fevre, 2001), but also including other issues such as funding. It is particularly noteworthy that Wales cites public services provision in connection with the third sector more than other UK nations. This is one of the reasons why Wales has developed its relationship with the third sector as a vehicle for the delivery of public services, as set out in Welsh Government legislation, policies and strategies.

It would be misleading to conclude that the Labour Party in Wales was and has been the sole architect of third sector inclusion and involvement since devolution. Plaid Cymru has a long and distinguished tradition of community-centred policy that encourages active citizenship (McAllister, 1995). Chaney (2014) shows that Plaid Cymru, alongside other nationalist parties, had an interest in the third sector that focused on its usefulness in developing national identity. Alongside other opposition parties, Plaid Cymru enabled the third sector to play a central role in the process that influenced and shaped the structures of the National Assembly for Wales (National Assembly for Wales, 1998). Generally, most parties seemed to conclude that the sector is a good way of ensuring that resources were targeted to meet the greatest need, achieve the widest reach, provide value for money and bring about the best outcomes for people (Chaney, 2014).

In a subsequent study Chaney and Wincott (2014), within the context of the international adoption of multi-level governance, provide a useful analysis of the third sector's involvement in welfare governance since devolution in the UK. They particularly offer a 'corrective view' of welfare state theory which, it is maintained, has struggled to effectively engage with the third sector. Chaney & Wincott's study, building on previous research (Beresford & Croft, 1983), conducts a critical discourse analysis and frame analysis (Yanow, 1999) of third sector compacts that have been developed and implemented by successive governments. They demonstrate that England has placed greater emphasis on welfare pluralism (the contribution of independent sectors to service provision alongside state provision) than other UK nations. In Wales, there was greater emphasis on 'participation' and 'citizenship', possibly to counter the initial luke-warm support for devolution. England was significantly more market-oriented within the UK, despite Gordon Brown's comments in his 2004 speech to NCVO's Annual Conference stating he wanted 'a transformation of the third sector to rival the market and the state' (Brown, 2004).

Brown's Government seemed committed to supporting the third sector to compete more robustly within the market rather than to offer an alternative to the market:

Government's public service reforms will enable charities, social enterprises, private companies and employee-owned co-operatives to compete to offer people high quality services (H M Government, 2012)

In contrast, the emphasis in Wales has been on partnership, involvement, engagement and community development rather than the market. This is complemented by an increasing emphasis on volunteering and the role of volunteers. The constituent parts of welfare pluralism remain a significant element within the third sector policy landscape in Wales (Chaney & Drakeford, 2004). Wales has also adopted an approach that assumes third sector organisations enjoy a higher degree of public trust compared with statutory sector agencies (Taylor, 2002)

It seems reasonable, based on these studies, to conclude that devolved government in Wales has taken a very different course to that of other UK administrations in relation to the third sector and the ways in which it is included in legislation, strategies, plans and service delivery. At the very beginning of constitutional reform the Parliamentary White Paper (Welsh Office, 1998) that described the proposed institutional blueprint for Wales stated that it was intended to "establish a new, more inclusive and participatory democracy' whereby government would 'work in partnership with the voluntary sector". It promised that, "the Assembly will be able to develop ... [a] partnership; the Government will encourage it to harness the special contribution which voluntary organisations can make in a wide range of policy areas" (Welsh Office, 1998, p. 19). This aspiration was eventually incorporated in the 1998 Government of Wales Act that required Welsh Government to publish a Third Sector Scheme setting out how it values the sector, how it will support the sector and how it will engage the sector (Chaney & Fevre, 2001).

Section 114

(1) The Assembly shall make a scheme setting out how it proposes, in the exercise of its functions, to promote the interests of relevant voluntary organizations.

The Scheme was unequivocal in its assertions about the very significant role the third sector plays in developing and fostering an inclusive society:

The Assembly values volunteering as an important expression of citizenship and as an essential component of democracy ... the goal is the creation of a civil society which offers equality of opportunity to all its members ...; [and] is inclusive and enables people to participate in all its economic, social and cultural activities (National Assembly for Wales, 2000, Ch2, para 2.7)

It went even further in commenting on the role that it invited the third sector to play in shaping policy:

the Assembly recognises ... the role they [voluntary organisations] play in formulating and delivering public policy (Ch2, para 2.10)

The then First Minister, Alun Michael, stated that “a strong voluntary sector is an absolutely vital part of our campaign for social inclusion in Wales” (Michael, 1999) and referred to the ‘Voluntary Sector Scheme’ as one of “three golden threads of partnership at the heart of the National Assembly’s activities” (Michael, 1991). The Welsh Assembly Government, as it was then called, announced that it was:

keen to promote greater partnership working between third sector organisations themselves, not only to ensure a stronger voice for citizens locally, but also to improve efficiency through the sharing and pooling of capacity (Welsh Assembly Government, 2008)

A significant component of the scheme was the establishment of a Voluntary Sector Partnership Council, later to be called the Third Sector Partnership Council (TSPC). This is Welsh Government’s principal mechanism for engaging with the third sector and including the sector in influencing decisions and policy making. It comprises representatives of 25 thematic networks that, in the words of the responsible Minister:

provide a voice for all communities and voluntary groups in Wales. ... This is about how we make inclusiveness work in Wales and in the Assembly. If the voluntary sector and civic society are not at the heart of our debate, we will not be inclusive (Hutt, 2000)

The use of the term ‘voluntary sector’ here is noteworthy and could belie a policy dissonance within government in Wales. However, the legalities that surround and underpin the VSPC were criticised as being superficial and not sufficiently robust (Rawlings, 1999, p. 497) and consequently rely heavily on the political will and

negotiating skills of actors and participants at any given time. As such, the effectiveness and significance of the TSPC would wax and wane according to the commitment of those involved. This could certainly be the case should the political hue of government Wales change significantly.

The TSPC placed the third sector, alongside the private and statutory sectors, as equal partners in a 'three-thirds principle', a principle originally designed for the Assembly's Economic Development Committee dealing with European funding streams. The principle sought to bring together the equal contribution of each sector in a way that would enable effective collaboration. This is, *prima facie*, a good attempt to implement and practice meta-governance. However, Bristow et al (2009) conclude that the design of the 'three-thirds' principle within partnerships did not eradicate the predominance of 'managerialist, implementation agendas' (ibid, p. 903) that undermine the effectiveness of partnership equality. The problems were associated with issues such as lack of clarity about representation, lack of capacity on the part of non-government partners to fulfil their responsibilities, an over-reliance of infrastructure bodies and an unequal hierarchy of roles within the partnerships. Furthermore, there was emerging evidence that partnerships had not brought about the results and outcomes that were desired (Sullivan & Skelcher, 2002). Efficiency and improvement of outcomes for people had not improved. Process seemed to be valued above outcomes. It is, possibly, the case that any partnership that is predicated on delivery rather than planning is destined to fail. Sophocleous (2014) carried out a specific study within a Communities First partnership in South Wales and demonstrated that there are two types of partnership at play: 'partnership *for* action' requires formal participation in a 'partnership' as a precondition of action, whereas 'partnership *as* action' emerges from action between two or more agencies. She concludes that, perversely, a programme such as Communities First exasperated tensions and schisms between disadvantaged communities.

The devolved government in Wales has promulgated two, flagship laws or measures, the Social Services and Well-being Act (Wales) 2014 (National Assembly for Wales, 2014) and the Well-being of Future Generations Act (National Assembly for Wales, 2015). In each of these acts the third sector is cited frequently as a key sector in Wales and an essential partner with national and local government in the development of a sustainable, healthy and prosperous Wales. Its devolved

administration has, in principle, espoused an approach based on voice over choice, and, in comparative terms, rejected a marketised basis for public services, preferring a model predicated on partnership and collaboration (Chaney & Drakeford, 2004; Hughes, et al., 2009). The two acts mentioned place much emphasis on the role of people, communities and the third sector, supported by and working in partnership with local and national government, in developing the 'Wales we Want'. Due in large part to this ground-breaking approach, the Social Services and Well-being Act gives a key role to the third sector in supporting people to remain healthy and active, to sustain independence and to be well. It also recognises the third sector's specific role in prevention and early help. It is an extraordinary piece of legislation that creates a statutory duty to promote the third sector.

However, despite the aspirations and requirements enshrined in legislation, policy and strategies, Wales is not immune to power dynamics. Some aspects of power imbalance are a consequence of political and social circumstances, rather than deliberate or wilful action. Chaney (2015) draws attention to the risks experienced in countries, such as Wales, where One Party Dominance (OPD) occurs due to the overwhelming power of a single political party. Chaney argues that different parties' policies, attitudes and practices vary across the political spectrum. This diversity benefits the third sector in that it is able to maintain effective cooperation between the governing party and itself. However, when a party has been in power for many years, as in Wales where the Labour Party has held a hegemonic position since the end of the second world war, this "skews the political context for third sector-state interaction; thereby subverting the beneficial democratizing elements of criticality and resource exchange seen in other liberal democracies" (Chaney, 2015, p. 1464). Boundaries become blurred between government and political party to the extent that it becomes increasingly unlikely that independent groups will emerge that are truly autonomous and separate from the state. Building working relationships with opposition parties becomes of little value because their influence is negligible. Persuading an opposition politician to take up a cause or to advocate on behalf of an organisation and its clients becomes counterproductive.

Another consequence of OPD is that certain politicians, particularly cabinet members, can become so key to advancing or blocking policy developments that Chaney refers to them as potential 'veto players' (Chaney, 2015, p. 1470).

Furthermore, he demonstrates that OPD erodes trust between government and the third sector, the latter never being sure if parliamentarians are primarily concerned with policy matters or with the interests of their ruling party. It also produces 'cognitive locks' whereby third sector organisations submit to the ideological stance and associated terminology of the predominant party, for example concepts such as mutualism, co-production or integration. Organisations feel the need to be aligned with government thinking and mantras. This politicises third sector engagement towards the dominant party because any criticism of government is perceived as partisanship. Consequently, government action has the opposite effect to its stated aim and objective. One respondent in the Chaney study described Wales as a 'client state' (Chaney, 2015, p. 1474). The study also found that transparency was compromised because many of the most meaningful conversations happened informally and off the record. This trades heavily on individual working relationships and not on the systematic implementation of holistic, open engagement. It also leads to legitimisation rather than legitimacy, whereby formal engagement mechanisms such as Wales' Third Sector Partnership Council are used by government to offer the semblance of involvement and democracy.

Other key works that focus specifically on power dynamics within third sector partnerships in Wales include Bristow *et al* (2009) who, although the partnerships considered in their study no longer exist, offer a relevant analysis of the Welsh Assembly Government's attempts to redressing the balance of partnerships within the entities it established. This approach aligns with calls for 'designing in' wider participation in partnerships, and not simply assuming that such involvement will happen automatically (Lowndes & Sullivan, 2004). Bristow *et al* describe the history of participation and involvement in partnerships as 'musical chairs'. These chairs have been occupied by private sector, third sector and others depending on the political focus of successive governments.

2.4d Markets, Managerialism and Control

The evolution of governance arrangements has required the consideration of what type of relationship government wants to have with non-government agencies such as third sector organisations. The role of the market and managerialism within these

relationships and arrangements is fundamental and impacts upon the extent to which networks and partnerships are essentially democratic, hierarchical and/or equal.

Assuming that much of the debate in relation to collaboration and partnership is more about governance than government, we must ask where and how this focus has been implemented and what its impact has been on the third sector and other agencies. Arguably, it has been driven by an interest in and commitment to the marketisation of the third sector (McKay, et al., 2015). This has been the subject of several studies by various scholars (Salamon, 1993; Dart, 2004; Eikenberry & Kluver, 2004; Guo, 2006; Eikenberry, 2009; Clifford, et al., 2010; Teesdale, et al., 2013; McKay, et al., 2015). Such scholars have contributed to the analysis of how managerialism has led to the professionalisation and control of the third sector. Bode (2016) described this as 'external governance'. Evans et al (2005) coin the phrase 'centralised decentralisation', suggesting that political and government rhetoric have sought to promote a paradox in relation to the health of the third sector, whereas it is experienced as unhealthy control. Croft & Currie (2020) go as far as to accuse the statutory sector of exploiting the third sector via its commissioning processes and procurement mechanisms.

The risks and perils of a market-focused and commercially driven government paradigm are eloquently expressed by Robert Ware:

Communities are the place for public moral activity, while markets are the place for private economic activity. Communities, at their best, foster recognition, care and co-operation. Markets foster anonymity, independence and competition. Communities are considered the place for open-ness, security and trust. Markets are the place for secrecy, insecurity and distrust ... Communities look for dignity and equality. Markets look for fitness and success. ... The problem is that our society is awash with markets but in need of substantive community with public values. (Ware, 1999, p. 307)

Rowan Williams cautions governments against the perils of marketising partnership arenas. He specifically poses the challenging question as to whether any government that risked sacrificing concepts such as citizenship and community on the altar of a free-market ought to be afforded legitimacy by the electorate (Williams, 2002). It seems that the seeds of Williams' challenge fall on stony ground when one

considers the findings of Davies (2011), who describes how governments have managed their increasing reliance on the third sector as a significant provider of public services by creating 'quasi markets' (Le Grand & Bartlett, 1993) assuming that these would bring about greater efficiency. Where markets do not exist, they must be created and developed. This is not dissimilar to Osborne and Gaebler's (1992) reinvention of government thesis that suggests peripheral activities are carried out by commissioned or contracted providers in the independent sectors, which leaves government to focus on its core business. An inferred assumption here is that users of public services are considered customers that are given the choice of a range of competitive providers. This inference is made explicit by Clarke and Newman (1997). When New Labour spoke of public services it referred to those services funded by public money, not simply to those services provided by the statutory sector (Blair, 2006), so much so that the structure of government was reorganised. The Office of the Third Sector was established in May 2006 within the Cabinet Office and various programmes were initiated to support and work with the third sector. Kendall comments that:

It took coalitional policy entrepreneurship backed by the sector's own resources, political will from New Labour in the context of a relatively centralised system of Government, persuasion in relation to the sector's claimed core values, and a particular style of bureaucratic working, to foster the transition. (Kendall, 2009, p. 5)

This was accompanied by a very significant growth in funding for the sector which was increasingly favouring contracts and moving away from grant funding, thereby favouring a purchaser-provider relationship over and above a partner-partner relationship. (National Council of Voluntary Organisations, 2008).

This marketised approach has been criticised from several different perspectives and by a numerous people. For example, Unwin (2004) argues that the creation of a competitive market for the independent sectors is counter-productive and creates confusion between 'giving, shopping and investing'. It encourages organisations to chase the funding and risk being distracted from their charitable objectives and purpose (Cunningham, 2008). Furthermore, the campaigning and influencing voice of the third sector risks being undermined and compromised because organisations are afraid of biting the hand that feeds them (Charity Commission, 2006).

An increased commercialisation of the third sector by national and local governments has revolutionised the landscape. Inter-sectoral collaboration based on mutual respect and trust have been replaced by contractual relationships that exert control (Eikas & Magna, 2002) and compromise the autonomy and independence of third sector organisations. In turn, this weakens or destroys the organisation's ability to campaign or advocate on behalf of its beneficiaries. The business model that obliges the third sector to commercialise and commoditise itself results in its deviating from its charitable and community-focused purpose. It even compromises the third sector's ability to govern itself. Carmel and Harlock (2008) argue that the sector has become governed by the statutory sector as part of a 'dispersed state', thereby further undermining the independence of the sector. They describe how the statutory sector has gone about this by creating an apparently de-politicised and de-socialised governable terrain. This enables the statutory sector to govern through partnership, procurement and performance management, thereby creating a third sector in its own 'professional' image. An earlier study by Kramer (2000) points out that the proffered justification for this type of control is the fact that public service delivery should be "assessed on the basis of 'what works', irrespective of the sector, ownership or form of organisation delivering the service". However, Clarke (2004) argues that such a strategy seeks to impose a control and order on organisations that should be independently governed and managed.

The imposition of such control also poses existential threats to third sector organisations. Carmel & Harlock (2008) comment that, due to the governable terrain in which the third sector arguably operates with the statutory sector, the objects and purpose of third sector organisations are rendered meaningless and irrelevant because they are regarded and treated exclusively as part of the market-driven supply chain. They state that the role procurement has played in organising service delivery has been key in this development and has contributed to the eroding of the third sector's independence and ethos. Deakin (1996) supports this analysis by pointing out the risk of incorporating the third sector into the state because of procurement behaviours. Chaney (2002) builds on this learning in his study of organisations in Wales that support marginalised people. He states that respondents felt uncomfortable because the participatory arrangements forced them to perform a dual role as partners with government, for which they received funding, and

champions of their clients, members and beneficiaries. Chaney concludes that this dilemma created a tension that, over time, eroded trust between the third sector and government. Putnam *et al.* (1993) helpfully distinguish between seeking to 'bond' social capital and 'bridge' social capital. The former could be considered a form of control and/or annexation, while the latter implies a way of enabling contact, communication and partnership between neighbouring entities. Croft & Currie (2020, p. 552) agree that bridging the "implementation gap" is essential if the third sector is to be effectively involved in the design and delivery of integrated care.

This action by UK governments to franchise the activity of the third sector is also taken up by Kendall (2009), who demonstrates that the sector has been drawn into a way of operating that reflects government and the statutory sector, posing a similar existential threat to the third sector. He contrasts the UK context with that of continental Europe, where the sector has not been amalgamated into state provision to the same extent. Alongside the reorganisation of government (Davies, 2011) Kendall cites new actors that appeared on the scene or existing actors that adapted to the ever changing environment that, in his view, signified the greater significance of the sector within public policy and public service; organisations such as the Association of Chief Executives of Voluntary Organisations (ACEVO) and the National Council of Voluntary Organisations (NCVO), albeit that NCVO has been in existence from many years. From the perspective of Wales, we could also add established organisations such as County Voluntary Councils and Wales Council for Voluntary Action (WCVA).

Some studies have helpfully framed questions about the third sector's involvement in governance arrangements in terms of 'insiders' and 'outsiders'. For example, Craig *et al.* (2004) acknowledge the dilemma this causes for third sector organisations in that they need to choose whether they seek to influence matters from within the system, albeit at the expense of their autonomy and independence, or whether they choose to apply pressure from outside the system thereby foregoing the financial and intelligence benefits that the system offers. Maloney *et al.* (1994) distinguish between two types of insiders: peripheral insiders and core insiders. Grant (1995) goes further and describes three types of insiders: prison groups, low-profile groups and high-profile groups. He also identifies three types of outsiders: potential outsiders, outsiders and ideological outsiders. Craig *et al.* (2004) demonstrate that

insider organisations often censor themselves, which risks mobilisation and integrity, and they find it difficult to evidence the fact that their insider status had led to material change in the system. Croft & Currie (2020) also conclude that third sector organisations have increasingly wielded less influence or power compared with public bodies or commissioning agencies. In contrast, outsider organisations cited numerous ways in which their lobbying or campaigning had succeeded in getting issues raised and included on influential agendas. UK governments had assumed that, in opening access to decision-making partnerships, the third sector would be gratefully pliant and acquiescent. Where this turned out not to be the case civil servants would often choose to work with a small number of cherry-picked organisations whose compliance was more guaranteed or easier to secure (Craig, et al., 2004, p. 231).

The third sector comes into criticism in some of the literature where studies such as those edited by Milbourne and Murray (2017) accuse the sector of having allowed itself to be seduced by a 'gilded web' of neo-liberal arrangements and a rapidly privatising services industry. Like other scholars, they demonstrate that third sector organisations, during Teresa May's time as prime minister, chased the money at the expense of their integrity and authenticity, thereby reinforcing arrangements that they were established to challenge and reform. The voice of advocacy and lobbying has been suppressed due to restrictions included in contracts with government and government agencies at national and local levels. In essence, the freedom of the third sector to speak out has been curtailed and restricted. Evidence of this refers to 'shadow' conversations and cultures of compliance where certain conversations are considered legitimate and illegitimate. This set of essays reinforces the understanding that marketisation, compounded by austerity, has made vulnerability worse and increased the reliance on volunteers to compensate for gaps and weaknesses in statutory services. It appears that, as far as survival is concerned, larger organisations are better placed than smaller organisations due to their capacity to bid for contracts. However, it is acknowledged that external forces such as commissioning and contracting have forced larger organisations to merge resulting in the demise of numerous, larger bodies. This has resulted in a polarisation within the sector and increased the risk of a sector dominated by the large service providers. Milbourne and Murray (ibid) conclude that, if third sector

organisations are going to hold on to their essence, government needs to establish a broad cooperation with civil society, and in particular progressive, social movements.

Similar challenges and questions are posed by Aiken and Taylor (2019) from the specific perspective of volunteering and civic action. They assert that volunteering and civic action both have a long historical legitimacy in England. However, they too demonstrate that policy trends appear to undermine notions that the critical expression of official views is acceptable. Where voluntary organisations are engaged in service-level contracts with statutory agencies, engagement in the political sphere is seen as risky.

Some have sought to constrain voluntary action. The civil society minister in David Cameron's coalition government, Brooks Newmark, warned that third sector organisations should 'do more and say less'. He built on his remarks by admonishing the sector stating that '... what charities should be doing is sticking to their knitting and doing the best they can to promote their agenda, which should be about helping others' (cited in Pudelek, 2014, p. 1) These comments were evocative of earlier attempts to silence or limit the advocacy voice of the sector. For example, Cameron's same government considered legislation that would prevent charities from using public money to resource their campaigning or advocacy role. Contracts would contain clauses explicitly forbidding the use of government funds to influence policy and legislation (Cabinet Office, 2016). This was exacerbated by tighter restrictions imposed by the sector regulator as regards lobbying and campaigning during elections (Charity Commission for England and Wales, 2014/2017)

2.5 Partnership

There has been a long standing and increasing interest in the role of partnerships for a variety of reasons. However, like government and governance, the term 'partnership' is also open to different interpretations. Despite the prevalence of its use, partners often do not adequately define what is meant by the term. This vacuum of a shared or stated understanding creates an environment of confusion in relation to matters such as governance, power, control and equality.

The academic analysis of how organisations relate to each other has largely been predicated on two organising principles: competition and collaboration (Lowndes & Skelcher, 1998). In addition, resource dependency theory describes how

organisations operate when struggling to access scarce resources (Klijn, 1997), whereas collaboration theory emphasises the benefits that are derived from sharing resources, risks and rewards thereby enhancing collaborative rather than competitive advantage (Huxham, 1996).

Lowndes & Skelcher, referring to Huxham's work on creating collaborative advantage (Huxham, 1996), explain that partnerships present a *prima facie* "attractive alternative to the market, quasi-market and contractualised relationships that have dominated the public management reform movement internationally" (Lowndes & Skelcher, 1998, p. 314). The financial benefits of partnerships are highlighted by Mackintosh (1992), who refers to the possibility of accessing grant schemes that are supported by monetary and in-kind contributions from the public and third sectors, or capital markets that the private sector can more easily negotiate. Others have demonstrated that working in partnership offers the potential to address some of the perceived and real issues affecting public services such as legitimacy and inclusion (Bennington & Harvey, 1998; Jessop, 1997). Additionally, the flexibility of the third sector is highlighted as a benefit, particularly when public sector bodies need to focus only or mainly on delivering statutory services (Anand & Dyson, 2023, p. 35).

In some instances, such as RPBs in Wales, national government has chosen to require or mandate partnership working. Some studies conclude that mandation increases the risk of ineffectiveness and failure, often by underestimating the time and capacity needed to develop meaningful and productive relationships (Seaton, et al., 2018). Also, placing a statutory duty on public bodies without fundamentally re-ordering collaborative structures and reframing partnership relationships risks increasing the sense of competition and rivalry (Aunger, et al., 2022).

There has been increasing focus over recent decades on the role played by the third sector in the design of public policy and the delivery of public services (Salamon, 1993; Bode, 2006; Brandsen & Pestoff, 2006; Buckingham, 2012; Bano, 2018; Lu & Xu, 2018). Collaboration has increasingly been regarded as a way of tackling health inequalities and improving well-being (Smith, et al., 2009; Towe, et al., 2016). More recently NHS England has emphasised the essential role played by the sector by placing expectations on Integrated Care Systems (ICS) to involve the third sector in the governance and delivery of ICSs (Anand & Dyson, 2023; Alderwick, et al., 2022),

albeit that the implementation of this is interpreted and implemented differently across England (Charles, 2022).

It has been assumed that the 'statist' approach to the development of public policy is too hierarchical and that new, more collaborative models are needed (Geddes, 2000). These new models are purported to result in greater efficiency and be more effective in tackling complex, cross-cutting matters (Anand & Dyson, 2023).

However, Hastings (1999) warns that statutory sector enthusiasm for partnerships is as much about the capacity of partnerships to influence and change public bodies, as it is about bringing about greater efficiency and effectiveness in public services. Her study into an urban regeneration partnership made effective use of discourse analysis, an understanding that there is a "dialectical relationship between social practice and discursive practice and thus a close connection between changes in the use of language and social change is particularly helpful" (Hastings, 1999, p. 93). Her work involved the detailed analysis of the language and terminology used in meeting minutes, policy documents and the transcription notes from interviews with partners. She identified a number of 'discourse coalitions' when the language used by certain partners began to align and merge, thereby suggesting the realisation of mutual transformation.

Whether concerning issues of language or governance, it appears to be axiomatic that effective and harmonious partnership is not easy to bring about. Huxham & Vangen (1996), in a study of various partnership arrangements in Strathclyde, concluded that:

Working across organizational boundaries is one of the most difficult activities that managers in any type of organization have to accomplish. Many collaborative arrangements which begin with the best of intentions and good will nevertheless turn out to be frustrating affairs and it is not uncommon for them to dwindle away into non-existence. When this happens, not only are the benefits lost, but also a great deal of resource and effort are wasted and goodwill can be lost in the process. (Huxham & Vangen, 1996, p. 6)

In order to mitigate and minimise the risk of partnership dysfunction and failure, Huxham & Vangen conclude that seven characteristics are necessary: Managing Aims; Compromise; Communication; Democracy and Equality; Power and Trust;

Determination; Commitment and Stamina. These findings are enhanced by Alderwick et al (2021) who identify different factors that shape the effective functioning of partnerships, such as motivation, relationships, culture, resources and governance. Whilst Huxham & Vangen's characteristics and Alderwick et al's factors are useful as hallmarks against which a partnership may judge itself, there is always a danger in such an approach that they are seen as a collective magic formula. The success or otherwise of a partnership is much more nuanced than ensuring that prescribed characteristics are nurtured.

It is also important to recognise that partnerships undergo changes as they develop. This is emphasised by Lowndes & Skelcher (1998), whose study of UK urban regeneration partnerships, led them to conclude that partnerships undergo a four-stage life cycle:

- Pre-partnership collaboration
- Partnership Creation and Consolidation
- Partnership Programme Delivery
- Partnership Termination or Succession

These four stages of a partnership's life cycle are characterised by different modes of governance and behaviours, which presents both a challenge and a risk because they demand and require competition and collaboration at different stages. In essence, the pre-partnership collaboration stage adopts a network mode of operating, which is predicated on a high expectation of mutual benefit on the part of partnership members and reliant on strong relationships of trust. This becomes a hierarchical approach in the partnership creation and consolidation stage, due to the ways in which statutory sector control and accountabilities are interpreted and implemented. This stage subsequently gives way to a marketised environment during the programme delivery stage, where the high degree of competition between partners comes to the fore. This potentially threatens the network-style relationships which are highly dependent on trust and mutuality. The fourth stage decides whether a partnership continues. The network form of working is resumed at this stage. Whether or not this life cycle is the experience of all partnerships, it seems that there is some consensus that partnerships select between different modes of operating. Rhodes comments that this selection "is a matter of practicality; that is, under what conditions does each governing structure work effectively?" (Rhodes, 1997, p. x11)

The issue of shared or conflicting perspectives within partnerships is taken up by Rein & Schon (1996) using the methodology of frame analysis. A frame is the way in which a particular context or situation is seen and expressed by different people. Essentially, they argue that each frame brings a crucial aspect to bear on the reality of any situation. Frames also shape and colour the contribution of partners because they determine the lenses through which the world is seen and interpreted, as well as establishing the parameters of which contributions can and can't be made. The use and appreciation of all frames is crucial if policy and practice are to be meaningful and holistic. Rein & Schon (ibid) helpfully identify that conflicts arise when "different actors enter into policy disputes as carriers of different and conflicting action frames" (Rein & Schon, 1996, p. 94) This results in a 'frame contest', an argument or negotiation as to whose frame should prevail or be regarded as more important. Often frames are not independent but come with organisational sponsors (Gamson & Lasch, 1983). The nexus of self-interest and special interest this causes is complex. It often confuses, even compromises, policy making and planning. The aim of frame critical policy analysis is to determine whose interests are being served by particular framing and how different interests and frames are negotiated, contested and challenged. It enables the determination of what good is being served by a particular policy decision. To answer this question, history needs to be considered. However, organisational amnesia sometimes causes the mistakes of the past to be repeated.

It is equally important to comprehend and appreciate the ideology that shapes the frame. Kendall (2010) demonstrates that the mutuality of ideologies is essential to any effective cross-sectoral relationship and partnership. The corollary is that a lack of shared ideology undermines and potentially destroys the collaborative initiative. He locates his study within the context of a third sector that is legally required to be independent and divorced from [party] politics (Thomas & Kendall, 1996). However, he argues that it is naïve and self-deceiving to assume that any sector, including the third sector, can be a-political and untouched by ideology. In fact, the attempt to distance the sector from the political crucible has resulted in a 'motherhood and apple pie flavour to much of third sector debate' (Kendall, 2010, p. 244), thereby taking the heart out of partnership, policy making and public service. As an example, Kendall makes specific reference to the principles of the Third Sector Compact in

England (1998-2010) which was so principle-based and avoided prescription to the extent that it was rendered meaningless and ineffective. However, he recognises that, despite the vagueness of the context, a 'demarcated space' was created that could accommodate a diversity of perspectives that did not coalesce around a single ideological position. This attempt at consensus politics did not, however, stand the test of time and increasingly there was frustration at the lack of progress due to the blandness of the political and ideological arena. This frustration was given expression in the UK government's claims as to how the third sector should relate to markets and to democracy. Sometimes, ideological positions were shared by third sector and state partners, setting aside the risks of over-identification with politics and politicians.

Tradition also influences and determines the frames used by partners in partnership. Bevir *et al.* (2003) define tradition as 'a set of understandings someone receives through socialisation'. (ibid p. 11) They demonstrate that, in seeking to understand the actions of partners, we need to appreciate the social context that has shaped their beliefs. However, they also acknowledge that people are not slaves to tradition but have agency for which all need to take responsibility. In utilising agency, people are inevitably faced with 'dilemmas' when new, persuasive ideas conflict with received wisdom. It is in managing these dilemmas that we, individually and collectively, contribute to the development or evolution of tradition. Often, this is done unwittingly and unknowingly.

These issues are given a specific relevance by Arrieta *et al* (2020), who tested the extent to which the third sector in Gipuzkoa, a province in the Basque Country, could realistically fulfil a role in public policy making and public service delivery, and what the consequential risks, costs and benefits would be. There arose the same issues as had been experienced in other parts of the world regarding independence and equality of partnership. As in other contexts, the sector comprised of organisations of many shapes and sizes whose needs were as diverse as the organisations themselves. However, Arrieta *et al* (2020) point out that, given the fact that big fish eat little fish, public policy should carefully manage the risk to smaller organisations in order to prevent the monopolisation of the sector by the bigger players.

The role of umbrella or infrastructure bodies in partnerships is discussed by Chaney & Fevre (2001), who argue that some organisations such as the Wales Council for Voluntary Action (WCVA) and County Voluntary Councils (CVCs) have become 'neo-corporatist arrangements' that met the Welsh Assembly's [sic] need for convenience and simplicity, but did not enable a genuine dialogue and engagement with the grass roots third sector. This perspective is echoed in Anand & Dyson's study of four projects that implement community-led service design. They comment that the risk of inviting one representative from the third sector is that services don't meet the aspirations and requirements of the whole community (Anand & Dyson, 2023, p. 36).

Neo-corporatism has been the subject of studies by scholars such as Mansbridge (1992) who, in contrast, concludes that the facilitation of negotiations with and via interest groups under umbrella agencies results in two key advantages. First, it can equalise the power relationships and, second, it can ensure that the wider public interest is a more central feature of the discussions and negotiations. However, De Jager points to significant risks associated with neo-corporatism:

Civil society derives its very legitimacy from its ability to act and then to act independently... The development of more formal and regulated civil society–state relations may subvert the character of civil society and compromise its role in enhancing democracy (De Jager, 2005, p. 56)

2.5a Citizen Participation

The statutory sector's appetite for and motivation behind citizen involvement is illustrated in New Labour's position on the inclusion of people in governance and decision-making. This is set out succinctly by David Miliband in his speech to the Guarding Public Services Summit when he sets out three main reasons for placing such emphasis on people. These are:

1. people's right to an opinion about how they are treated
 2. the dependency of public services on the involvement of people
 3. the involvement of people results in improved and more effective services
- (Miliband 2005, p. 3)

This assumption has been echoed in studies such as Lee & Levine (2016) who explored the involvement of citizens in the city of Birmingham, Alabama in the USA.

They affirmed that there are three main elements to citizen engagement: deliberation, collaboration and connection. The latter element refers specifically to the connection between citizens and civic leadership. In particular they identified 'deliberative democracy procedures' (Lee & Levine, 2016, p. 42) such as partnerships, participatory budgeting and public meetings as a crucial and essential pathway to citizen engagement. They argue that such an approach, unlike uncoordinated, spontaneous citizen participation, leads to broader, strategic outcomes such as a reduction in food poverty or an increase in employment. They assert that the very essence of democracy is contingent on civic relationships that they define as 'voluntary ties among peers who share an interest in improving their community'. (ibid, p. 43). This point is corroborated by Sampson (2012) who, in a study of Chicago, demonstrated that the success of community and communities is improved when there exists strong ties and bonds between people and civic leaders and institutions. Such bonds can transform how statutory agencies relate to the third sector and they help to avoid a '*them and us*' culture.

Citizen involvement in partnerships is championed as a way by which more emphasis can be placed on the service user rather than the service itself, on people rather than on organisations (Barnett, 2002). It is regarded as a means by which society can address democratic deficits by engaging with and empowering communities, people and activists (Raco & Flint, 2001; Coulson, 2005).

However, several studies into the nature and function of partnership cast doubt on the efficacy of citizen involvement and the motivation behind its inclusion in legislation and policy. Clarke (2005), in a study of New Labour, sets out the effects of political policy on the nature and role of citizens and, by association, the third sector. He suggests four ways in which New Labour sought to develop certain categories of citizenship:

1. Active Citizens: People to whom government offered a 'hand up' not a 'hand out', thereby reducing the demand on public and statutory services.
2. Empowered Citizens: The expansion of choice and the enabling of voice, thereby affording greater power and influence to the service user (Clarke, et al., 2005; Blair, 2004). This proved controversial because it was perceived as being the enabler of the marketisation and commodification of public services (Pollock, 2004). Some concluded that it also changed citizens into self-

interested consumers rather than participators in a mutually beneficial system (Needham, 2003). Furthermore, it is often difficult to determine the exact basis on which citizens are being 'empowered'. Is it an exercise in consultation, engagement and/or involvement? (Social Care Institute for Excellence, 2004).

3. **Responsibilised Citizens:** People are supported and encouraged to take responsibility for their own independence by working hard and making healthy choices.
4. **Abandoned Citizens:** The affording of greater importance to the economy compared with social policy relegated citizens to the function of market fodder. Terms such as 'empowerment' or 'responsibility' became seen as covert jargon for the removal of the support and protections that the state had previously offered and assured.

Given the genesis of Labour-led government in Wales (see section 2.4c), it is not surprising to see in Welsh Legislation a developed emphasis on partnership with people and the empowerment of people (Drakeford, 2007). The extent to which this is jargonistic camouflage for the abandonment of people to their own resources is a matter of continued political debate and argument. The real or perceived ulterior motive or hidden agenda of citizen involvement is also questioned i.e. that of being exploited by government to pursue and progress politically motivated agenda. Clarke (2010) describes this as 'vernacular ventriloquism'. This is where ordinary people are unknowingly and unwittingly manipulated into being the mouthpiece of the political classes.

The a-political character of citizens and their capacity to bring values, knowledge and other resources to partnerships are said to be of interest to government (Clarke, 2010). However, in the same way that Kendall (2010) concludes that the third sector cannot be expected to be ideologically neutral, Clarke concludes that keeping politics out of governing is a forlorn ambition because citizens cannot be controlled and will bring their whole selves to the work of the partnership, including their politics. However, Helms (2006) argues that citizens are humanitarian and not political, therefore the involvement of ordinary people in decision-making can circumnavigate the tricky and controversial accusation of 'meddling in politics'. Nonetheless, Helms agrees that people are not above or below politics, but equally affected and influenced by the prejudices, biases and assumptions of elected politicians.

The involvement of citizens also represents “an alternative to old style government, to the anonymity and contractualism of markets, and to the problematic world of politics” (Clarke, 2010, p. 638). However, it is often assumed by government that this alternative can be obliged in new, powerful, collaborative arrangements. This is even more attractive to government if it includes the participation of marginalised and ‘hard to reach’ citizens. The ‘lay’ knowledge of citizen participants is set alongside that of professional partners as being of greater value and importance. Expertise based on lived experience is elevated in such a way that it trumps, and occasionally displaces, the expertise of trained officers and qualified practitioners.

2.5b The Operation of Power

The principle of equality is a much-vexed issue within partnerships. The Connecting Health Communities approach pioneered by the Institute for Voluntary Action Research (Anand & Dyson, 2023, p. 35) highlights that the recognition of the third sector as an equal partner is essential if partnership working is to be effective. Alderwick et al (2022) state that implementing healthy and effective collaboration is invariably influenced by issues such as power dynamics. It can be argued that the world is not and has never been equal, if one is seeking uniformity, and an assertion that every partner is equal is a delusion. A counter argument would be that we should not seek a uniformity of equality, but a unity driven by an equality of value. The studies reviewed below demonstrate that power struggles within partnerships are inevitable and create a diversity that is almost always hierarchical and characterised by control. An awareness of issues that affect how power operates within partnerships is important if one is to explore and analyse the experiences of partnership members. Issues examined here relate to how power is exercised or shared and the attitudes, approaches and behaviours that determine this.

2.5bi Awareness and Exertion of Power

Power dynamics within partnerships are determined by the awareness of the consequences of actions and behaviour. March and Olsen (1989) provide a history of the intellectual struggle between partisans of two logics for taking, describing, or assessing human action. The logic of consequences describes human behaviour as being driven by an awareness of the impact of decisions and actions on people and society. The logic of appropriateness, in contrast, is driven by an awareness of

identity and rules. It is demonstrated that, without a robust awareness and appreciation of this dynamic, partnerships risk falling into romantic ideals of how things should be rather than facing the reality of how institutions really behave and operate.

The exercise of power is also a central dimension to the production of practices and policies. Howarth (2010) finds that there is both a legitimate and illegitimate use of power and that power is inherently associated with dominion and hegemony. In the political sphere this takes the form of managing the inclusion and exclusion of actors to maintain or gain dominion. Ironically, hegemony also lends itself to building coalitions to build mutually beneficial power bases. Howarth uses the example of an anti-airport expansion pressure group that builds an alliance with those campaigning for improved public transport or greater social justice. He also draws attention to the technique of 'rhetorical re-description' that is utilised to dominate and create hegemony. This happens when a perceived barrier or problem is re-described or re-interpreted as a matter that will enable potential subjects to achieve their own aims and objectives. The example used is that of aviation re-describing itself as a means of achieving economic growth and sustainability. Howarth develops the argument further by considering the concept and use of 'fantasy'. Here subjects or potential subjects are promised a bright future if certain barriers and obstacles are removed but are warned of disaster and devastation if the barriers and obstacles are allowed to remain in place.

Power within partnerships can be exerted by applying transformative pressures. Hastings (1996) differentiates between unidirectional transformation, where one partner seeks to persuade other partners to adopt its way of thinking, thereby "modifying or changing the other partner in their own image" (Hastings, 1996, p. 263) and mutual transformation where "a less coercive, antagonistic or competitive set of interactions or relationship in which each partner might be willing to accept the need to change themselves, as well as aspire to change others." (Ibid, p. 263). Meyer & Rowan (1991) claim that there is nothing about the exertion of power within organisational behaviour that is natural, but that it is an entirely constructed and engineered entity. If we accept this position, the power dynamics within partnerships become the explicit and proactive responsibility of individual actors and agencies. Scott & Meyer (1991) add to this understanding, pointing out that institutional

environments, in contrast with technical environments, often force organisations to construct an account of actions and behaviours to justify or defend the rationale they have espoused. In power terms, this could give rise to some or all partners coming to believe their own constructs to defend their approbation of power. Powell (1991) adds to these ideas by arguing that an organisation seeks to persist with or impose its own constructs in one or more of four, different ways: 1) the blunt exercise of power; 2) ensuring that any unwanted changes had unwelcome consequences for others due to engineered interdependencies; 3) presumed assumptions; 4) ensuring that new decisions are tied into rigid structures brought about by the accumulation of incidental successes. Whichever way is adopted, the result is the same – the imposition of the will of certain actors and/or agencies on others thereby creating an imbalance of power and equitability.

The contribution of Davies (2007) complements this analysis by concentrating on how power is exerted within local politics in two English cities. It is suggested that partnership democratisation is eroded by the government sector's domineering, managerial approach. He identifies a contrasting understanding of the nature and purpose of partnership between the government and non-government sectors as a fundamental cause of this erosion. Statutory sector managerialism is found to exploit language, culture and communication to domineer other sectors. Structures that are designed to facilitate inclusion and involvement become vehicles for exclusion and control. He concludes that community activists and third sector organisations should consider very carefully whether it serves their interests to participate in strategic partnerships, and that they should choose to leave partnerships that are inadequately democratised. There are those (Kohn, 2000; Medearis, 2005) that go even further and state that, faced with the prospect of disempowerment and marginalisation, activists and the third sector should create their own spaces and engage in coercive action such as strikes, demonstrations and other forms of civil disobedience. However, Davies points out that such strategies carry high risks, and it is incumbent upon those considering coercive action to satisfy themselves that such an approach is more empowering than participating in partnerships, albeit flawed and imperfect partnerships.

2.5bi Entitlement to Power

The role, responsibilities and function of different partners are key determinants of how power is brokered and managed within partnership arrangements. Neo-liberal governments have considered themselves steerers of the vessel, whilst making others responsible for rowing (Osbourne & Gaebler, 1992). Strategic documents often describe this relationship between steering and rowing as partnership. However, this rhetoric can belie a very hierarchical framework predicated on control and centralisation. It is not as innocent or benign as it may first seem. Ford and Zussman (1997, p. 7) insist that such a framework relegates third sector organisations to “executing agencies for government programs [sic].” A serious implication of this fundamental shift in power dynamics is the significant reduction or complete removal of core funding for third sector organisation in favour of contract or service level agreement funding (Eakin, 2001). In addition to the change in relationship that such funding arrangements cause, this shift also creates financial insecurity that renders medium or long term financial planning difficult or impossible. Chaney argues that social capital cannot be created or developed within top-down, hierarchical environments because it is “a product of pre-existing patterns of social interaction” (Chaney, 2002, p. 23). However, others point to the role that governments can play in facilitating social capital through training and education (Rubenson, 2000; Rico, et al., 1999).

Cornwall (2004) puts these arguments and conclusions to the test by using a series of international case studies to explore the interface between different forms of public engagement, particularly focusing on issues such as representation and inclusion. She starts from a premise that the involvement of citizens in governance makes for better decision-making (Mansbridge, 1999; Warren, 1992) and that it radically reconfigures relationships and responsibilities (Fung & Wright, 2003; Hajar & Wagenaar, 2003). She focuses on the concept of space and identifies different types of spaces that are created to enable cooperative and collaborative decision-making, namely:

- Invited Spaces: spaces into which non-government agents are invited to participate in making decisions.
- Popular spaces: spaces instigated by agents of their own volition and on their own initiative.

- Conquered Spaces: spaces that come into being because of successful campaigns, careful negotiation or effective lobbying.
- Provided Spaces: spaces that are arranged and created at the direction of funders, donors or lenders.

In each of Cornwall's spaces a different power dynamic is at play. Cornwall points out that equality and equitability are often lacking in these spaces due to insufficient resourcing and an imbalance of mutual and reciprocal gain. There are questions of representation in connection with voluntary organisations. In whose name do they speak and on whose behalf do they act? For these reasons some third sector organisations prefer to occupy popular spaces rather than invited spaces. They consider this to be a more effective place from which to offer criticism and suggest alternatives. Some argue that invited spaces have, in part, undermined and marginalised more traditional arenas such as the ballot box and protest. They lend themselves more naturally and readily to the more professional and more articulate within the voluntary and community sectors.

2.5bii Power Sharing

There have been attempts at sharing power via inter-organisational mechanisms such as policy networks that bring together government and other societal actors to further understand and co-develop policy and public policy outcomes (Marsh, 1998). Lowndes (1996) provides a comparative, critical assessment of six 'vignettes': the mythical institution, the efficient institution, the stable institution, the manipulated institution, the disaggregated institution, and the appropriate institution. In doing so the conflicts and complementarity of 'new institutionalism' are analysed. Powell and DiMaggio (1991) carried out empirical, sociological studies to illustrate how institutional theory can help to analyse organisational change. These articles compare old and new sociological institutionalisms and conclude that both identify the state as the paramount, shaping instrument in the life of all institutions, such that the choices available to many institutions are limited by the state. The importance of partnership and collaboration is highlighted in that new institutionalism works with groups of organisations, unlike old institutionalism that saw institutions as single, autonomous entities. This is important if power is understood as something that should be shared, rather than something that belongs to compartmentalised entities.

2.5c Trust

Within all partnerships the extent to which partners trust each other is seen as an essential determinant of both the effectiveness and the efficacy of the partnership. Anand & Dyson (2023) state that, if statutory healthcare leads “are keen to work with the [third] sector... [they must] ensure [they] have the time and resources required to support and establish trust and better ways of working” (Anand & Dyson, 2023, p. 37).

There are many definitions of trust, such as the one provided by Seligman (1997, p. 7): “a discrete form of human interaction and an ideal model of communal life”. Chaney (2002) argues that trust is a fundamental requisite to the effective and proper functioning of democracy because it affects the extent to which individuals openly participate in political and / or social associations. This, in turn, legitimises or undermines the effectiveness of democratic governments and partnerships.

Milbourne and Cushman (2013) draw on concepts of trust to analyse policies affecting relationships between the statutory sector and the third sector. They use examples from studies in two English, inner-city areas to explore ways in which power and controls exerted through dominant organisational cultures and arrangements undermine independent approaches. They argue that state bodies have taken trust in their actions as given while shifting responsibilities for service delivery and risks of failure to the third sector and others. This, they argue, has been the case with both New Labour, who boldly increased resources to the third sector but simultaneously failed to trust the sector to operate effectively, and the Conservative – Liberal Democrat Coalition which, conversely, offered the sector the promise of greater independence whilst reducing significantly the resources and support available to the sector (Pattie & Johnston, 2011). These types of approach, albeit from opposing political camps, evidence that power masquerades as trust and the less powerful are relegated to subordinates under control. El-Faragy (2019) emphasises the need to validate the third sector as a competent service delivery partner if a trust-based relationship is to be nurtured. She also demonstrates that trusting partners’ respective and distinctive competences by delivering services together was much more effective in building trust than training or formal learning sessions. The extent to which individuals and agencies trust each other depends on their perception of the other’s ability to deliver agreed outcomes (Wong, et al., 2011;

Habibov, et al., 2019). This supports Hutchinson's (2015) findings that mind-sets need to be reframed placing more focus on developing the way things are done (culture) and highlighting the essential importance of trust.

These perspectives align with the findings of Hardy *et al* (1998) who argue that there are two forms of trust: spontaneous and generated, and two forms of masquerade based on power: manipulation and capitulation. Trust is built where a shared semantic is fostered and adopted. This is nowhere truer than in the relationship between commissioned and commissioner. If this is to be based on effective and meaningful trust, the setting of, for example, performance measures need to be coproduced and not the imposition of the one on the other. The latter robs partners of the opportunity to learn and co-create (Ellis, 2009). Many organisations report that the provision of target-driven data is experienced as meaningless surveillance that undermines trust (Hoecht, 2006), whereas trust-based relationships can result in creative learning and the discovery of new ways of doing things (Willcocks & Craig, 2009). In fact, relationships of trust based on activities and achievements are often far more productive than a target-driven and measures-based culture. There is also more clarity regarding the distinction between that which is meaningful and that which is marginal (Shaw & Allen, 2006). Furthermore, in trust-based relationships risk is shared rather than carried by the subordinate partner in a contractual relationship (Hardy, et al., 1998). There is, in addition, a domino effect in trust-relationships. Whilst organisations' trust in funders and commissioners may be damaged due to the withdrawal of funding or the change to a more commercial arrangement, it is difficult for community groups and organisers to rebuild trust with people if they have needed to withdraw support and help. Davies (2000) concludes that adequate trust is lacking in many networks. Consequently, despite political rhetoric regarding partnership, the collaboration between the centre and the local will continue to be impaired.

2.6 The COVID Effect

The multi-faceted impact of the COVID-19 pandemic cannot be underestimated or understated. MacMillan (2020) concludes that it is comparable to other macro-events such as wars and climate change that cause destabilisation and crisis. The emerging literature regarding the effect of the pandemic on partnership and collaboration

indicates that there has been a considerable disruption to the typical issues affecting statutory and third sector collaboration and partnerships, as set out in the previous sections of this chapter.

The unprecedented pressures placed upon the health and care systems forced partners to operate in ways that previously may have been considered unacceptable or inconceivable (Aunger, et al., 2022). Welsh Parliament's report on the impact of COVID on the third sector commented that the crisis had, in some areas, 'turbo-charged' partnership working (Welsh Parliament, 2021, p. 22). Many traditional organisational boundaries were no longer considered barriers to collaboration and some of the bureaucracy that applied pre-COVID was removed. Certain standards were relaxed in order to permit and facilitate necessary activity, for example the loosening of Charity Commission guidelines (Bynner, et al., 2022; Harris, 2021) and additional, emergency funding was provided to the third sector to support its involvement in the pandemic response, for example the Third Sector Resilience Fund and the Voluntary Sector Emergency Fund in Wales (Lundie, et al., 2022; Chaney & Sophocleous, 2021). It was a case of 'needs must'.

The contribution of the third sector came into particular focus and illustrated the significant value the sector can add when responding to complex, acute and ongoing challenges (Simo & Bies, 2007). The embeddedness of third sector organisations provided them with relational intelligence and skills that did not exist within mainstream public services. This enabled the sector to disseminate important information and share essential messages (Welsh Parliament, 2021). One of the prominent characteristics was the rise in mutual aid organisations and related, volunteer-led activity that supported people, households and communities through shielding and other pandemic-related constraints, particularly older people dealing with isolation during lockdowns (Carpenter, et al., 2022; Tiratelli & Kaye, 2020; Ellis Paine, et al., 2022). This was no less true in Wales where formal and informal volunteering was regarded as essential and exceptional (Lundie, et al., 2022), supported by the adapted practice of more formal organisational service delivery (Boelman, 2021).

Kövé (2021) states that the pandemic raises important questions about the role of the third sector and its relationship with statutory sector bodies and argues that these relationships have been tested. Young (2000; 2006) helpfully categorises the

relationship between the statutory and third sectors in three ways: supplementary, complementary and adversarial. Cullingworth et al (2022) use Young's framework in their analysis of the shifting relations between the statutory and third sectors during the pandemic. They describe the pre-pandemic relationship as 'utilitarian' (ibid, p. 3). While acknowledging the sector played an important role in all three categories, they nonetheless criticise Young's categories as depicting the third sector as 'additional' or 'oppositional' to the state (ibid, p. 15) and argue that COVID demonstrated the sector needed to be 'central' to the state.

Studies demonstrate that one of the most significant impacts of the pandemic has been on trust relationships between the third and statutory sectors. Aunger et al (2022) found that the "shared trauma of the pandemic enhanced [the sectors'] ability to make close interpersonal connections across organisational boundaries" (ibid, p. 11), which gave rise to more effective and productive partnership. Chaney & Sophocleous (2021) point out that, in Wales, these interpersonal ties have been developed over many years due to the financial, policy and strategic investment made by successive Welsh Government administrations. Consequently, it was less of a leap for sectors in Wales to further develop bonds of trust during the pandemic. An expression of this was the decision to work through the existing partnership infrastructure and not replace it (Welsh Parliament / Senedd Cymru, 2021, p. 11). However, Chaney & Sophocleous (ibid) also commented that the continuity and stability of interpersonal relationships during the pandemic helped to develop trust, whereas a constant changing of personnel had the opposite effect. They also found that a confidence in the third sector's professionalism and competence was a strong determinant of how much it was trusted by the statutory sector. Thiery et al (2021) supported this by demonstrating that the sector experienced a position of greater trust, particularly because of its flexible, responsive and effective delivery of community services during lockdowns.

Another significant learning within the literature is how the pandemic changed the operation of power within partnership relationships, together with the rebalancing of equality and status between partners. Thiery et al's findings (2021) concluded that the pandemic had enabled the third sector to be afforded a higher degree of respect and had strengthened its voice within decision-making partnerships. Essentially, power was seen to have been shared within flatter hierarchies because the statutory

sector realised it could not, and should not, cope alone (Burchell, et al., 2020). This is complemented by Cullingworth et al (2022) who argued that the statutory sector experienced the need to increasingly engage with the third sector as equal partners. Its leadership within communities was seen as something on which the statutory sector relied. This challenged the statutory sector's traditional use of supply and demand models to determine the third sector's role and, in contrast, situated the third sector within civil society. Third sector partners were regarded as peers and not contractors.

Many studies conclude that it is important to learn the lessons of the pandemic and not be tempted to revert to pre-pandemic ways of working (Department for Health & Social Care, 2011). There was significant concern that arrangements and behaviours would return to the old normal once the temporary relaxation of regulatory requirements were lifted (Aunger, et al., 2022). Caution was advised regarding the enacting or development of policy and legislation in the wake of COVID recognising that capacity for system-wide reorganisation was lacking. (Mahase, 2021; Alderwick, et al., 2021). Academic Health Science Networks (2021) recommended that increased importance be given to multi-agency partnerships and to co-production. However, despite the bolstering of financial support and the experience of greater trust between sectors, there were signs that funds were being removed and more traditional ways of working were returning (Cullingworth, et al., 2022). This leads Kövér to question whether relationship improvements developed during the pandemic will lead to "a real structural revaluation ... or will the aftermath take the form of a carnival, where everyone leaves their comfort zone for a while but ultimately returns to their routines when the fantasy ends" (Kövé, 2021, p. 21). He points out that, of all the learning, the key lesson to be operationalised is the trusting and the empowering of the third sector by the statutory sector. This is akin to Habibov's conclusion that "special attention should be paid to initiatives aimed at developing strategies to build trust" (Habibov, et al., 2019, p. 466).

A significant matter to emerge from the literature was the key role of social prescribing, and the services offered by so-called community connectors, agents, navigators, link-workers etc. They were able to offer an essential bridge between the mainstream health and care sector and those third sector organisations that had no established working relationship with the system (Carpenter, et al., 2022). Despite

commitments by governments across the UK such as England's NHS Long Term Plan (NHS England, 2019) or Wales' embryonic National Framework for Social Prescribing (Welsh Government, 2022a), Tierney et al (2020) conclude that more is needed to maximise the benefits of social prescribing, particularly a supporting infrastructure, networking opportunities and appropriate training.

Prominent among the lessons learned is the need to fully engage the third sector in emergency and resilience planning at all stages. Until now the sector has been regarded as a 'secondary' responder to the statutory sector (Brudney & Gazley, 2009). The crisis demonstrated the need for a refreshed and complementary relationship that comprehensively engages third sector organisations (Bynner, et al., 2022). Lundie et al (2022) point out that such engagement has two main benefits. First, third sector organisations are able to share their community intelligence, information and knowledge. Second, it proved possible to mobilise the support and services of a wide range of useful and effective organisations. Welsh Parliament, in its review of the impact of COVID-19 on the third sector, recommended that the integration of the sector into formal and informal emergency planning structures should be assessed (Welsh Parliament, 2021).

2.7 Conclusion

This literature review has explored the body of learning that deals with the complexities of involving non-government agencies and sectors in formal partnership arrangements with statutory sector bodies.

It has recognised and discussed the complexities as regards terminological consistency when referring to the third sector, and described the approach taken for the purposes of this study. The third sector in Wales is characterised by its diverse, multifaceted nature, and more so by the predominance of small and micro-organisations. It is financially fragile, while simultaneously being a significant part of Welsh public services and civil society. The fact that the overwhelming majority of the third sector is not commissioned or funded by the statutory sector is a sobering point when considering the disproportionate consideration given by the statutory sector and strategic partnerships to the commissioned and funded third sector.

The review has revealed that much work has already been carried out that enables us to know more about how the factors that shape and determine how the third

sector is involved in policy making and planning alongside government and other statutory agencies. The tensions between government and governance are not resolved. There are ongoing difficulties related to the responsibilities and requirements of so-called 'sovereign bodies' vis-à-vis the expectations placed upon unincorporated partnerships.

The literature has demonstrated that the role of the market and the nature of the relationship government wants with the third sector is a product of the past, but continues to be unclear, even dissonant; and that this can be seen in the sector's incremental reconceptualisation and the gradual use of different language and terminology. Third sector members of partnerships are simultaneously partners and providers within a marketised environment. To date, government at national and local levels have shown no appetite to make it otherwise. Is government trying to have its cake and eat it?

Devolved and multi-layer government in Wales has sought to establish 'clear red water' between Westminster and Cardiff Bay by developing 'The Welsh Way' of government. There is a distinctive emphasis in legislation and policy of the voice, participation and involvement of people, together with the development of multi-agency and multi-sector partnership. However, this has not eradicated vexed and complex issues of power, control and accountability. One Party Dominance gives rise to specific and particular complexities in Wales.

Partnerships are arrangements that rely on different determinants for their flourishing compared with more homogenous, monolithic organisations such as local authorities and health boards. The literature has shone lights on key determinants such as power dynamics and, within this, the essential element of trust. These determinants are as important within RPBs in Wales as within any other partnership arrangement. It is arguable that, given the fact that RPBs are statutory partnerships upon which an increasing set of expectations is being placed and through which a growing amount of funding is being channelled, ensuring that these key determinants are as healthy as possible is crucial for the health and well-being outcomes RPBs are charged with achieving. The inclusion of service users and unpaid carers within RPBs is especially sensitive if such involvement is not going to be, at best, tokenistic and, at worst, exploitative.

The review has also highlighted the significance of the emerging literature regarding the impact of the COVID-19 pandemic on cross-sector and multi-agency partnership. Essentially this is seen to have been positive in that trust-relationships were strengthened, barriers to collaboration were removed and the need to support people was prioritised over organisational or sectoral interests. It is important that the lessons from the pandemic experience are learned and implemented, and that the risk of reverting to old ways of behaving and working is avoided.

This study takes the body of learning reviewed here and builds upon it by applying it to the experience of RPBs in Wales. This is an area of research that, to date, has not been explored beyond important evaluation and impact reports commissioned by Welsh Government and by individual RPBs (Llewellyn, et al., 2021; Llewellyn, et al., 2022). It analyses the experience of RPB members and seeks to provide a fuller and clearer understanding of whether RPBs are operating differently, or whether they are struggling with similar issues that have beset strategic partnerships to date. The study builds on the literature review by initially examining the Welsh context, including documents that RPBs produce, namely their Terms of Reference and Area Plans. These will illuminate how partnership dynamics are revealed through how RPBs have organised themselves and how they have produced their shared plans.

The study uses the themes that have emerged from the literature review as the context within which to analyse the emergent findings of the research, namely government within governance arrangements; managerialism and power; partnerships and trust. Subsidiary and associated themes are considered such as equality. Who are 'rowers' and 'steerers' within partnerships and whose space is the partnership. In addition, the experience of partnership members is gathered in relation to the inclusion of service user and carer members, as to whether this has been influential, meaningful and rewarding. Third sector involvement and participation are a particular focus, ascertaining whether this has undermined or compromised third sector independence, integrity and purpose. Are third sector members regarded as partners or delivery agents and what are the key enablers and disablers of third sector inclusion and involvement? The study also asks whether RPBs in Wales have been worthwhile.

Chapter 3: Aims, Paradigm, Methodology and Methods

3.1 Introduction

This chapter initially summarises the aims and objectives of the research. Based on the learning from the literature review and the analysis of the Welsh context, the research builds on existing knowledge by exploring the extent to which RPB strategic members' experiences are aligned with extant learning and whether there are ways in which the RPB experience in Wales shines a distinctive light on the involvement of the third sector in partnership. The research sub-objectives describe some of the specific areas of focus that were explored to create the additional learning.

The aim and sub-objectives inform the paradigm and design of the research. This section begins by exploring my ontology to gain an understanding of the influences and motivations that have shaped and developed the choice and design of the research. It goes on to articulate how the ontology gives rise to a particular epistemology, namely an approach that is more interpretivist than positivist in nature. The chapter then proceeds to critically appraise the methodology on which the study is based. This was a narrative enquiry that is best described as phenomenological research. It sought to explore and better understand people's lived experience of a phenomenon, namely the RPB.

Flowing from the exploration of the research paradigm, the chapter describes the analytical framework of the research. This explains the process adopted to plan, organise and implement the research. Importantly for a phenomenological study, my individual and personal connectedness to the research is set out in the section on positionality. This focuses on how the benefits of being an insider researcher were maximised, and the risks minimised. The chapter then critically appraises the research methods employed to execute a phenomenological study, principally semi-structured interviews.

3.2 Research Aims and Objectives

Working in partnership between organisations and across sectors is not new. Different agencies and actors have sought to enable and encourage partnership and establish partnerships, often including government and non-government participants within governance arrangements. The context in Wales changed significantly

following the establishment of a devolved government. Whilst research has been and is being carried out on the impact of legislation since devolution, minimal attention has been given to the experience of members of the statutory partnerships established by Welsh legislation, specifically Regional Partnership Boards. This study, therefore, adds to knowledge in this area and explores the lived experience of strategic members of RPBs (Adult Social Care, Health Boards and County Voluntary Councils representing the interests of the third sector) to better understand the extent to which the partnerships have matched the expectations and requirements placed upon RPBs. There are prescribed expectations in the legislation, for example regarding prevention and the involvement of people in the design and delivery of services that help them achieve what matters to them (Welsh Government, 2014; Welsh Government, 2023).

Using the themes that emerged within the literature review, the aim of the study is to explore and assess the strategic partners' experience of collaboration with particular reference to the involvement of the third Sector in health, care and well-being planning in Wales via RPBs during their first period of operation between 2018-2023. This aim has six sub-objectives:

- explore how RPB members experienced the governance arrangements within RPBs, particularly the role of government within governance.
- gain an understanding of participants' experience of the power dynamics within RPBs.
- determine how RPB members have experienced the culture of the partnerships, particularly in relation to trust.
- understand how service user and carer membership of RPBs has been experienced.
- describe how RPB members have experienced third sector independence and integrity.
- explain whether or not RPB members' experience leads them to conclude that RPBs have been a worthwhile initiative.

3.3 Research Paradigm

According to Ritchie et al, a researcher's *modus operandi* "depends on a range of factors, including their beliefs about the nature of the world (ontology), the nature of

knowledge (epistemology) and how it can be acquired (methodology)” (Ritchie, et al., 2014, p. 2). This description of my research paradigm consists of these interrelated dimensions: ontology, epistemology and methodology. These dimensions inform each other in a consequential, interdependent manner. Before determining my methodology and consequential methods to be employed, I sought to clarify the type of researcher I am and the type of knowledge I find persuasive. These considerations informed and constituted my research paradigm. Willis (2007) states that “a paradigm is thus a comprehensive belief system, world view or framework that guides research and practice in the field”. (Willis, 2007, p. 8)

My research paradigm is built on certain philosophical assumptions about the nature of research and the appropriateness of methods used to create or contribute to knowledge. Kuhn (1962) described this as a set of shared beliefs and assumptions among researchers about how issues should be explored and understood. This perspective was shared by Schwandt (2001) who spoke of a paradigm as a shared perspective on the world that represents the beliefs and values of researchers that guide how the answers to questions are pursued. However, I was aware of risks such as those highlighted by Seale (2007) who warned against being too inflexible when adopting and following a research paradigm, arguing that flexibility allows the research aims and environment to determine what is most appropriate and effective in order to implement best practice.

3.3a Ontology

In this section I reflect on my research ontology based on forty years of professional practice in the third sector. I understand research ontology as the study of being, the nature of existence and what constitutes reality (Crotty, 1998). It encourages us to try to understand what is knowable about the world we inhabit (Snape & Spencer, 2003) , and the assumptions people make about what exists and the nature of reality Richards (2003). This is made even more complex by the introduction of concepts such as social realities (Bryman, 2008). Ormston *et al* (2014) pose the question as to whether social realities exist separate to and independent from people, or are they entities of our own making constructed from our perceptions, assumptions and actions?. However, Morgan (2007) challenges any attempt to differentiate between

positivism and interpretivism, preferring to argue that each approach is suitable for answering different types of research explorations.

As a researcher, I have sympathy with Morgan's challenge in that reality is constructed of entities that are positivist and axiomatic whilst simultaneously containing entities that are interpretivist and depend on the perceptions, beliefs, prejudices and actions of the social actor. I am, therefore, driven to understand how different people see the world. I am attracted to a critical realistic approach (Bhaskar, 1998), which maintains that the world is experienced by different people and different groups in different ways. All these experiences are important and valid and the reality articulated by each actor or group of actors contributes to the cumulative description of that which exists. Consequently, I consider myself an interpretivist researcher. Hudson and Ozanne (1988) explain that interpretivist research brings to the study an amount of prior knowledge and insight, but realises that this is partial and forms part of a large, complex reality that exists in the world. This requires me to be open to new information, fresh insights and innovative thinking. The knowledge I acquire is a result of co-production with the literature, fellow researchers, research participants and others. This constructivist ontology, together with an interpretivist epistemology (Creswell, 2003) underpins my research aims, objectives and design.

3.3b Epistemology

Epistemology takes us from considering the nature of being to the nature of knowledge (Richards, 2003). As well as considering what constitutes reality, I also consider how I can find out about and explore reality (Snape & Spencer, 2003). Crotty (1998) encourages the researcher to consider the scope of knowledge possibility and its legitimacy. During the study & have been acutely aware of my own assumptions regarding "the very bases of knowledge – its nature and form, how it can be acquired and how it is communicated to other human beings" (Cohen, et al., 2007, p. 7). These assumptions shape and determine the ways in which I choose to acquire knowledge. Where knowledge is regarded as objective and empirical, the researcher will observe, test and adopt methods of natural science. However, because the knowledge I am seeking is more subjective and social, I adopted methods of social science.

As I consider the epistemology that underpins this study, I ask what does knowledge mean to me?; how do I get to know something?; and what is my basis for knowledge? To address these questions, I need a working understanding of the nature of knowledge. When considering the two branches of epistemology that have developed, empiricism and rationalism (Birger, 2011), my research is largely but not exclusively empiricist because the knowledge it produces is primarily founded on input from our senses. It refers to experience and observations when claims are justified. Ideas or traditions are important but are not the most important source for knowledge. It is, in part, rationalist because its claims and findings are based on reason. However, the primary source for knowledge is the material world arounds us, rather than the human mind. Research results and findings are verified by experience and not simply reasoning.

The aim of my epistemological approach is to produce new knowledge. It enables me to appreciate and define the limits and possibilities of creating and reporting new knowledge. I ask what is knowledge?; how may a claim be justified?; and how do we know something is true? My epistemology is less associated with genetic epistemology (Piaget, 1970), which studies cognitive development and seeks to understand how people gain knowledge through impressions and experience which, in turn, affect thoughts and ideas. It is more aligned to social epistemology (Goldman, 2019), which focuses on the social context in which new knowledge is created. It considers human and social aspects of knowledge production, for example historical and cultural factors.

Given the nature of my ontology, it is not surprising that, whilst I regard all forms of knowledge as important and significant, I have a preference for knowledge derived from people's experience and perception. Consequently, the nature of this study is interpretivist, constructivist and inductive (Cohen, et al., 2007) in that it seeks to interact with the world and people in order to construct and interpret meaning and describe reality. It relies on the opinion, knowledge, and perspective of individuals' lived experience and it offers new information and fresh analysis of that information.

As an interpretivist study, it is predicated on the premise that knowledge and meaning cannot be separated or detached from human thought and reason (Gephart, 1999). It assumes that reality is accessed through social means such as language and shared meaning (Myers, 2009).

I have been influenced by studies that have explored the concept of bricolage (Denzin & Lincoln, 2011; Kincheloe, 2005). Bricolage deals with the creation or making of meaning (Rogers, 2012) and draws attention to the complexities involved in meaning making. There are various types of bricolage. I adopted an interpretivist bricolage approach that understands that “there is no one correct telling [of an] ... event. Each telling, like light hitting crystal, reflects a different perspective on [an]... incident.” (Denzin & Lincoln, 2011, p. 6). As an interpretive bricoleur, I also understand that “research is an interactive process, shaped by [my] own personal history, biography, gender, social class, race and ethnicity, and by those of the people in the setting.” (Denzin & Lincoln, 2011, p. 6). Such an approach demands care and circumspection because interpretivist and naturalistic enquiry “cannot be detached but is bound by the perspectives of the researcher.” (Gray, 2018, p. 23) Of course, such a conclusion gives rise to questions of positionality, reliability and validity (see section 3.5).

3.3c Methodology

My understanding of research methodology, principally informed by scholars such as Buckley et al (1976) and Crotty (1998), seeks to implement a strategy that enables problem finding and problem solving. In addition, it sets out how the choice of specific methods relate to and support the aims and objectives of the research. In explaining the methodology that frames the rationale behind the research, this section describes the lens through which the research results will be analysed, thereby setting out the basis on which the reliability and validity of the study can be judged.

To safeguard the integrity of the research paradigm, the methodology flows from and is a consequence of my ontology and epistemology. Phenomenology is a methodology associated with an interpretivist epistemology (Gray, 2018; Creswell, 2003; Mertens, 2005). Such a methodology would typically collect data and information using qualitative methods such as interviews, observation and narrative enquiry.

An inductive approach was considered the most appropriate to effectively meet the aims of the research. Unlike deductive research which has been described as top-down (Creswell & Plano Clark, 2007) because it moves from theory to data, the

bottom-up approach of inductive research was preferable because it moves from the specific to the general (Soiferman, 2010, p. 3). I sought to take the views and experiences of participants and build from them themes and theories. My methodology was also influenced by Grounded Theory developed by sociologists Barney Glaser and Anselm Strauss (Glaser & Strauss, 1967). I was attracted by their proposition that themes and theories discovered during data collection will “fit the situation being researched and will work when put into use” (ibid, p. 3) better than a theory identified before a study begins.

However, it is not possible to be too purist as regards inductive and deductive methodologies. Marshall & Rossman (2011) argued that it is common practice for researchers to review existing theory, research and literature to ascertain the current scope of knowledge and analyse how best to develop knowledge further. In this study, themes derived from the literature review create the context within which the research design was developed. The structure of the semi-structured interview guide was initially determined by the knowledge derived from the literature and from the analysis of RPB Terms of Reference and Area Plans. As such, there was an element of deductive research in that the study tested the extent to which participants’ experiences affirmed or challenged existing findings. However, participants were not invited to comment on existing theory, but to describe their experience of how certain themes had operated, for example power, trust or equality. As the field work progressed, certain themes or perspectives emerged that were not foreseen, and possibly not foreseeable. These emergent themes and perspectives further shaped the interview guide and questions during the research journey.

One example would be the mention by several participants of an ulterior motive on the part of Welsh Government that lay behind the establishment of RPBs. Once this theme emerged, it was then built into subsidiary or nudge questions for subsequent interviewees. This is an example of a deductive base being further developed and shaped by an inductive openness and flexibility. Such an approach proved advantageous because it responded to the emerging and genuine experience of participants, thereby adding to the integrity and trustworthiness of the study. Its principal disadvantage was the possibility of inconsistency. If interviewees later in the research were invited to describe specific areas of experience that earlier participants weren’t, this could have created difficulties when analysing the data and

create an internal lack of cohesion. This risk was mitigated by ensuring that emergent questions were based on aspects of experience about which earlier participants had spoken, therefore all participants commented against the same scope of experiences.

A type of narrative enquiry was chosen because it 'helps to make sense of, evaluate and transform the present and shape the future so that it will be richer or better than the past' (Clandinin & Connelley, 2000). I considered a narrative form of enquiry appropriate because I was seeking to explore "the meaning people have constructed, that is, how people make sense of their world and the experiences they have in the world." (Merriam, 2009, p. 13) The particular type of narrative enquiry adopted was a phenomenological approach. This lent itself best to this study because it is designed to describe the lived experience of a phenomenon, in this case RPBs in Wales. The development of phenomenology established by Edmund Husserl (Husserl, 2012) was a break from the Cartesian system that pitched stark distinctions between the outer 'real' reality and the individual experience of reality. Husserl (1983) maintained that the essential features of what we experience, and the essence of the experience can be understood and explained without placing the natural world in a direct causal relationship with it.

This is relevant for this study because the experiences of RPB interviewees are consequently considered a valid and important description of reality. Husserl (ibid) argued that a researcher could compartmentalise and separate his/her personal judgements to prevent the corruption of the phenomenological enquiry (see section 3.5). Martin Heidegger (2005) added to Husserl's work by pointing out objects of study cannot and should not be separated from their contexts. Human understanding is produced from the cooperation of reality and consciousness. In line with Heidegger's approach, this study is predicated on the understanding that, whilst research such as evaluations, impact assessments etc. are important, the contextual study of RPBs is equally essential if we are to gain a holistic appreciation of the partnerships' life and work. The lived experiences of RPB members and RPB Leads are brought to bear on developing a picture of RPB reality in Wales. Consequently, the study employs and applies the principles of phenomenological research because it increases our understanding of reality by exploring the sense-based experiences of

those that have served as members of RPBs. This is an important source of knowledge that helps us to understand the reality or realities that are RPBs.

The type of phenomenological methodology deployed and implemented is transcendental or constitutive because it focuses on a person's or people's meaning of an experience, event or phenomenon. It seeks to describe the essence or nature of the experience. Such a methodology provides a rich, detailed description of the human experience that seeks to understand the essence of an experience to gain better understanding and explore solutions. These patterns help us to better understand and explain a phenomenon.

The study also adopted some characteristics of ethnographical research. A commonly accepted definition of ethnographical research does not exist Hammersley & Atkinson (2019). Its purpose has been described as exploring "some aspects of the lives of people, what they do, how they view situations they face, how they regard one another and also how they see themselves." (Hammersley & Atkinson, 2019, p. 3). In that spirit, the study took into consideration the culture and the social norms and behaviours of RPBs. This was deciphered from the contributions of interviewees and particularly where they described their experiences of behaviours and dynamics within their partnerships. However, the study fell short of ethnographical methodology because it didn't observe or interact with participants in the environment being studied. This would have required attendance at RPB meetings and sessions.

Because of this methodological approach, qualitative information was gathered rather than quantitative data (Creswell, 2003). Qualitative information helped to explore the research questions, rather than test out a research hypothesis (Corbin & Strauss, 2008; Creswell, 2007). It also assisted in gaining in-depth insights into people's experience, rather than arriving at a generalisation that was subsequently applied to, for example, a population. The justification for opting for qualitative information is based on an understanding that such information enabled a focus on meaning and gained an understanding of what is happening within RPBs. This research was not essentially about describing a fact or determining cause and effect. It was about exploring and analysing an experience. The results emerged from the data and were not imposed by a structured, statistical analysis. Ideas were developed predominantly through induction from the information. The methods used

established different views and perspectives on the phenomenon being studied (Macintosh & O'Gorman, 2015).

The design of the research was naturalistic in that it looked at real-world situations as they unfold naturally. There was no pre-set limit on research findings. It was also emergent because the research was open to adjustment based on the information gathered. Questions and methods underwent further development during the study.

3.4 Analytical Framework

My analytical framework comprised several separate but interrelated components, as listed below:

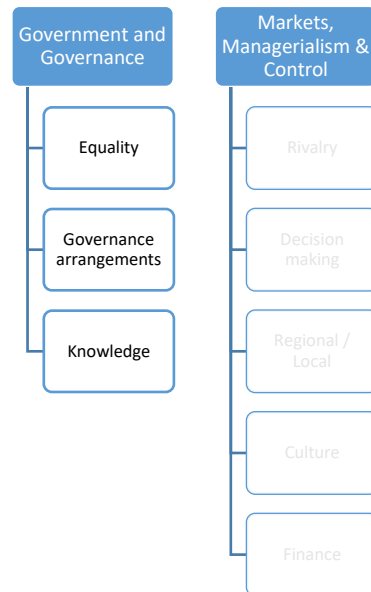
- Define Purpose and Scope of the Research
- Determine the Analytical Framework
- Create a Framework Structure
- Identify Key Concepts and Themes
- Develop Research Questions
- Gather Data and Information
- Organize Data and Information
- Analyse Data and Information
- Draw Conclusions
- Review and Refine
- Maintain Transparency

The framework helped me to organise my thoughts, plan the research and determine how to analyse the data and information produced by the field work. It began with the clarification of the purpose and scope of the research (see section 3.2). This set out what the study aims to achieve and the question it seeks to answer. It also defined the scope of the analysis and its boundaries, for example the limiting of participants to strategic partners and the focus on the first 5 years of RPB experience in Wales.

The analytical framework was phenomenological. As such, the purpose was not to identify a thesis or hypothesis to test, but to explore the experience of statutory members of RPBs in Wales. The framework helped to iteratively understand the research subject, and to hone the focus of the research question.

The literature review helped to identify key concepts and variables relevant to the analysis, namely: government and governance; markets, managerialism and control; partnership and trust; and non-statutory representation. These concepts were classified into themes and sub-themes. Examples are given below (see coding in section 3.6c):

Figure 2: Classification of Themes



Data were gathered that supported the exploration of the research question and the fulfilling of the research aim (see method section 3.6). Time was invested in data familiarisation and notes were taken on impressions and themes. Steps were taken to reduce and manage the risk of researcher bias, whilst also safeguarding the benefits of insider research (see positionality section 3.5).

The data were analysed against the themes and sub-themes that emerged from the literature review. This enabled an exploration of the ways in which the findings converged with or diverged from the current body of learning, thereby identifying how this research provided new knowledge (see chapter 9). The framework was used to systematically evaluate and interpret the data in relation to the evolving research question. A comprehensive and detailed description of each theme was developed, explaining what it reveals about the participants' experiences. Participants' own words and quotes were used to illustrate key points.

The findings were produced in an organised way (see chapters 4-8). Conclusions were drawn about the research subject (see chapter 10) based on the analysis of

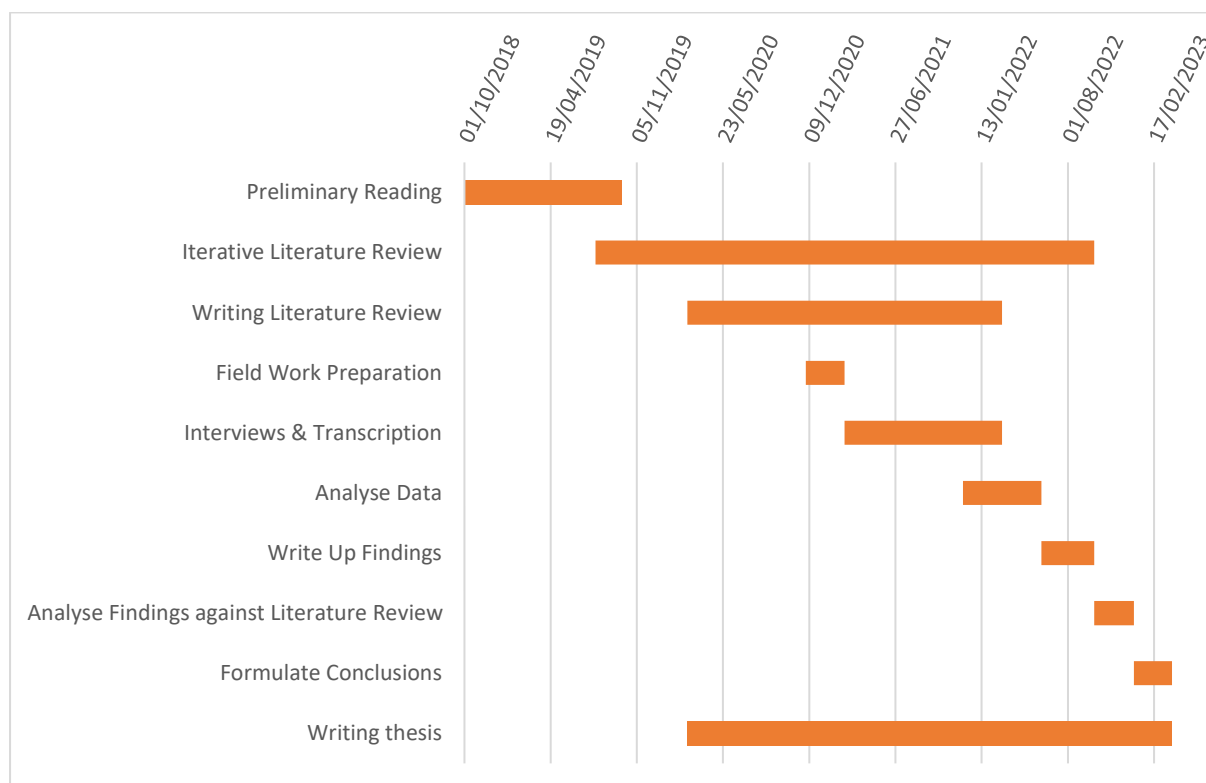
findings (see chapter 9). The conclusions gave rise to an identification of the implications of this research for public policy and professional practice.

I kept the analytical framework and the entire analysis process under constant review. This helped to ensure that the framework effectively addressed the research question. I maintained transparency about the methods, assumptions, and limitations throughout the process (see sections 3.5a and 3.5b). This helped to maintain and make clear the validity and reliability of the analysis.

3.4a Research Chronology

Figure 3 provides information regarding the chronology of the stages of the research from preliminary exploration to completed thesis.

Figure 3: Research Chronology Chart



The preliminary reading stage coincided with the early modules of the Doctor in Professional Practice (D Prof) programme. During this stage the reading, together with advice and guidance from D Prof staff, helped to give direction to the focus of the research. I was able to bring initial clarity to the research aims and objectives in relation to strategic partnership with the third sector in the planning of health and care provision in Wales.

The literature review was an iterative process that operated cyclically through the duration of much of the research (see Literature Review Method Statement section 2.2). The aim and objectives of the research were refined further during this process resulting in a phenomenological study of RPBs in Wales. This iterative process also incrementally shaped the development of the analytical framework. It was important that the literature review spanned the duration of most of the research in order that it be as systematic and comprehensive as possible. Importantly, it continued beyond the completion of the writing up of the literature review to ensure the inclusion of more recent papers and publications. However, it was equally necessary that a point was reached when the literature review gave way to the analysis of the findings.

On the advice of research supervisors, the writing up of the literature review began reasonably early. I was encouraged to commit to writing my critical review of the literature to date. This was expanded and developed over time as the iterative review produced information, added learning and honed the focus of the research.

The field work was organised reasonably quickly, and the interviews were conducted, transcribed and analysed over a period of 15 months. The early analysis of the data began just before the end of the field work at a point when the themes emerging were becoming clear. This work continued and gave way to the writing up of the findings. In turn, this was followed by the analysis of the findings against the learning from the literature review before leading to the formulation of research conclusions.

The writing and completion of the thesis was a gradual and constructive approach that saw elements of the thesis take shape at different times. For example, a first draft of the literature review was written before the field work was completed. This was added to when the writing up of the findings was first drafted. As the thesis was constructed each section underwent further editing and revision based on the interdependent information arising from other sections of the research. The introduction to the thesis was the last section to be written so that it could refer to all the content in the complete and final version of the document.

3.5 Positionality

It was important for me to consider, analyse and manage my position in relation to the research because such consideration “reflects the position the researcher has

chosen to adopt within a given research study” (Savin-Baden & Major, 2013, p. 71). Collins & Gallinat (2010) claimed that researchers have to “confront the uncomfortable fact that they [are] always already implicated in ‘the field’.” (Collins & Gallinat, 2010, p. 3) This is particularly the case when operating as a practitioner-researcher. My positionality influenced the design and implementation of the research and, consequently, its outcomes and findings (Rowe, 2014). It also influenced how I interpreted and understood the work of others (Holmes & Darwin, 2020). Such positionality contrasts with the positivistic concept of objective reality (Cohen, et al., 2007). No matter how reflexive any researcher seeks to be, we can never objectively describe reality (Dubois, 2015).

My positionality, linked closely with my research ontology, acknowledges the lenses through which I see the world. Like all individuals, I have philosophical, personal and theoretical beliefs and perspectives which could influence the research process. These could be described broadly as liberal, egalitarian with a strong sense of social justice. I recognise that there are a number of potential influences on the research, such as my age, gender, values and experience. Among other characteristics, I am a male, white British man in his early sixties who has worked the whole of his life in the third sector. If not acknowledged and effectively managed, these influences could unhelpfully skew important aspects of the research such as sampling, interview questions and coding.

It is impossible to absolutely categorise a researcher vis-à-vis the research context because no two individuals totally share identical characteristics (Merton, 1972). However, I understand myself to be an insider-researcher (IR) because I have operated for over 15 years within the partnership community that is the subject of this research (Greene, 2014). I am chief officer of a County Voluntary Council and have served as vice-chair and chair of an RPB. Like many IR studies (Workman, 2007) my motivation for carrying out this research stemmed from my wanting to change things for the better in relation to my work context and that of my colleagues and partners. I could see that the intentions of and aspirations for RPBs, as set out in legislation, guidance and policy were laudable, even inspiring, but that my experience and those within the RPB community in Wales seemed to be at odds with the required and desired outcomes.

There were many advantages to being an IR. I understood the operational and cultural environment in which participants operated (Saidin & Yaacob, 2016). Consequently, I was able to negotiate and navigate the field research process with relative ease and smoothness. This was because I had existing, well-established working relationships with organisations and with key individuals within health and care services and the third sector across Wales. I believe I was a trusted and respected colleague, therefore an accepted member of the partnership community. This afforded me comparatively good and easy access to the individuals I invited to participate in the research. Chavez (2008, p. 482) describes this as “expediency of access”. It was even the case that, because of my familiarity with the community and environment, there was a sense of my belonging to the same world in which participants operated (Aguiler, 1981). Interviewees welcomed the opportunity to discuss issues with someone they felt understood their context and environment (Bell, 2005). Drever (1995) stated that the success of any research requires the researcher to be aware that participants’ information is coloured and shaped by what they think of the research and the research topic. Informal feedback from participants led me to conclude that they found my area of study both important and refreshing and were confident in providing me with comprehensive and candid information.

As an IR with prior knowledge of the partnership community, I had an informed view of what issues were of importance, significance and concern to RPB organisations and people (Bell, 2005). This gave me the “ability to ask meaningful questions and read non-verbal cues” (Merriman, et al., 2001, p. 411). For example, because of my involvement in the Wales-wide meetings of RPB vice-chairs and chairs, I knew that there was general dissatisfaction on the part of statutory bodies with the ways in which RPBs had been set up and the expectations placed on local authorities and health boards to make it a success. One RPB chair once described RPBs as yet another Welsh Government “solution looking for a problem”. Equally, I was aware of the deep divisions and tensions between some organisations and sectors in some regions, and that these issues were often unheard and unseen. My closeness to and familiarity with the culture did not prevent my asking provocative questions or raising uncomfortable issues (Holmes & Darwin, 2020). In fact, my IR status gave me the language to use in order to create these opportunities. For example, I was aware of how certain words, such as ‘challenging’ ‘interesting’ or ‘pressures’ are used as

linguistic fig leaves, masking the reality of situations. When interviewees used these types of words, I knew to invite further explanation to arrive at a fuller and deeper description of their experience. This was particularly the case with RPB leads who, as RPB managers, were initially more guarded and careful compared with other interviewees. Also, every working context has its own jargon, acronyms and initialisations. Because I spoke the same language as participants, I was able to use these as a short cut to important information. For example, the use and allocation of specific funding streams (ICF, RIF or Transformation Fund) or debates around integration and seamless services were inroads into descriptions of interviewees' experience of governance arrangements, operation of power and trust.

The principal disadvantage of being an IR is that one's knowledge of and involvement in the community being researched could adversely influence the design and implementation of the study. Shaw (2010) reminds us that:

When the researcher and the researched are of the same order, that is, both living, experiencing human beings, it is necessary for us as researchers to reflect on how that might impact the research scenario when gathering data and when afterwards analysing it. (Shaw, 2010, p. 33)

I was keenly aware that the research could become too vulnerable to researcher bias, interpretation and misrepresentation, risking false conclusions and mistakes such that reliability, validity and trustworthiness are compromised.

My principal ways of mitigating and minimising this risk was to implement a clear research evaluation process and to adopt reflexive research practices. These ensured that optimum decisions were taken to realise the study's aim and objectives.

3.5a Research Evaluation

Establishing reliability and validity in qualitative research is not straightforward. I understand reliability as the extent to which research can be replicated and the consistency or stability of its data (Seltiz, et al., 1976, p. 182), whereas validity is concerned with the accuracy and truthfulness of findings (Le Compte & Goetz, 19982, p. 32; Bryman & Bell, 2011).

Interpretivist paradigms have become more prevalent over recent years and an increasing number of questions are raised about the appropriateness of positivist

evaluation criteria applied to qualitative research. Merriman (1998) reminds us that “Constructs such as reliability and validity are positivist and quantitative and are not easily applicable to qualitative research”. Much attention is given to the fact that a researcher should maintain a professional and emotional distance from that which is studied and explored. Ormston *et al* (2014) describe this as “empathetic neutrality”. This enables the emergence of research findings that are the product of the study and not unduly influenced or shaped by the researcher’s personality, beliefs or values (Payne & Payne, 2004).

However, because qualitative research generates knowledge in different ways compared with quantitative research, its reliability and validity needs to be assessed differently. Trustworthiness is created by approaches such as prolonged engagement in the field of research and establishing the researcher’s credibility. Lincoln & Guba (1985). My IR status in Wales, described above, helped to create trustworthiness. I also drew on different ways in which scholars have suggested establishing trustworthiness in qualitative research:

- i. Dependability: this could be described as qualitative reliability. It tests the extent to which findings can be applied at other times (Bryman & Bell, 2011). Merriman (1998) states that dependability “deals with the extent to which the findings could be replicated in similar subjects and in similar contexts.” (Merriman, 1998, p. 205) The methodology and methods of my research could be adopted and applied to other RPBs in Wales, or to other strategic partnerships in different contexts. Merriman (1998) also emphasised that transparency and clarity in relation to the researcher’s assumptions, ontology and epistemology also strengthens research dependability. This can be achieved by being clear about positionality and adopting a reflective approach to research via methods such as a research journal. The information provided in this chapter sets out my positionality and how I implemented reflexive practice.
- ii. Transferability: this could be described as qualitative validity. It tests the extent to which findings can be applied in other contexts. It is achieved by providing an adequate description of the research setting to enable a trustworthy judgement of comparability (Seale, 1999) The research setting is described within the thesis and particularly in chapter 1, chapter 2 (see

especially sections 2.3 and 2.4c) and throughout the findings in chapters 4 to 8. This enables other researchers to determine the extent to which their research context is adequately comparable.

The dependability and transferability of the phenomenological approach were further enhanced by the following process:

1. Intuiting: As an IR, I held myself open to multiple meanings of different experiences. This came out particularly when listening to different descriptions of the same phenomenon from different sector participants. For example, the exclusion of non-statutory partners from decision-making arrangements was seen by some as a necessary consequence of the statutory duties and responsibilities of certain members. However, it was experienced by others as the imposition of hierarchical arrangements to exert power and control. It was important for me to accept all descriptions as equally valid and equally real.
2. Analysing: After gathering interview data from multiple sources, I sought to identify patterns or commonalities within the transcripts. This was carried out by coding the information against themes identified deductively from the literature review and inductively from the research data (see sections 3.3c and 3.6c). The coded information was subsequently compared between different individual participants and between participants of different sectors.
3. Describing: I sought to understand and define the phenomenon in a conceptual way. The concepts such as governance, power and partnership were derived from the literature review. They were considered appropriate because they are the product of the current body of knowledge and learning in this field of research.

The validity or transferability of this study also displays the hallmarks identified by Whitemore *et al.* (2001): Credibility (Does the research express the meaning of participants' contribution?), Authenticity (Does the research include different perspectives and participants?) and Integrity (Is the researcher self-critical?). It is maintained that this study is credible because, during the interviews, I continually checked in with participants if the meaning of their contribution was unclear or ambiguous. For example, where an interviewee described an experience of suspecting an ulterior motive or hidden agenda at play in their RPB, I played back to the interviewee my understanding of what they'd said and invited them to confirm or

correct my interpretation. The study is authentic because participants were drawn from the key RPB sectors of local authorities, health boards and third sector, and from partnership management. This diversity of participation ensured a wide and comprehensive set of experiences and perspectives. The study also has integrity because I adopted approaches such as bracketing and reflective research practice (see section 3.5b) to manage potential bias and researcher influence, as well as accepting the challenge and guidance of my research supervision team.

3.5b Reflective Research Practice

Reflexive practice demanded I exercise a kind of knowing that is required of competent practitioners, which goes far beyond that which is articulated in language. We bring our whole selves into practice and into research. Consequently, I needed to be very aware of my personality, persona and learning styles (Schön, 1983). The theory that has principally informed my self-understanding is the Myers Briggs Personality Type Indicator (MBTI). This seeks to “make Jung’s theory of psychological types understandable and useful in everyday life” (Myers, 2000). Over the past 35 years I have undertaken this process numerous times and emerged consistently as ENFJ. My personality preference is that of an intuitive, precipitative, emotionally driven extrovert. This helps my research in that I am energised and motivated by the bigger ideas and areas of exploration, for example third sector health and care involvement in Wales. However, I know that I need committed and disciplined application when it comes to the critical analysis of a large and detailed body of information and data.

David Tilley (Lamdin & Tilley, 2007) pioneered an approach that used the Managing Team Roles indicator (Team Focus, Profiling for Success, 2018) to categorise team roles as Coach, Crusader, Explorer, Innovator, Sculptor, Curator, Conductor and Scientist. I have consistently emerged from such sessions as fulfilling a Conductor role, closely followed by a Sculptor role. A conductor focuses on organisation, procedure and process. A sculptor focuses on action, fruition and urgency. In my research this has been evident in the way in which I readily applied myself to the tasks of research design, organisation and planning. Putting in place the process and procedures for conducting the research felt like second nature. I also have an instinct for clarifying matters, for example with interviewees in order to ensure the

reliability of their information. In addition, I was able to deal effectively with aspects of the research that didn't go to plan such as the need to abandon the use of focus groups because of the unavailability of key participants.

As a researcher I am involved in facilitating discussions, conducting interviews and engaging within people via other mechanisms. The effectiveness of these encounters relies heavily on the quality of each person's contribution to the deliberations. Although my preference is to contribute proactively (especially where I want to influence and not just facilitate) I have learned that other personality types function in very different ways. As a researcher this shapes the way I approach interviews and group discussions in that I am more aware of participants' contribution to and engagement in conversations and discussions. I seek to ensure that each participant is encouraged and supported to contribute in a way that best suits the individual.

Other theories have also helped me to better understand myself and my research preferences such as Neil Fleming's VARK model of student learning (TEACH Make a Difference, 2018). It asserts that a student's learning style falls into four categories: Visual, Auditory, Reading/Writing and Kinesthetic. It maintains that, whilst we all have a mixture of learning styles, each of us has a preferred style that is prominent. My preference is auditory. I learn best when speaking and hearing. As a researcher, my preference is for methods that involve human interaction and externalisation such as interviews and focus groups. I find it more stimulating to gather information from engaging with people. Consequently, a critical review of literature requires far more self-discipline than conducting interviews and focus groups. This also explains my preference for social epistemology that puts significant emphasis on the human and social aspects of knowledge production (see section 3.3c).

The sculptor in me is prone to wanting to engineer outcomes and predetermine decisions. My preference for precipitating decisions and bringing things to a full and neat conclusion sometimes closes my mind to authentic and necessary discussion, debate and argument. As a researcher, I need to be resistant to self-authentication and self-justification. Such an approach thwarts authentic participation, conversation and dialogue.

There exists a close relationship between positionality and reflexivity. Arguably no research in the social field can be value free (Mason-Bish, 2019). Positionality required me to acknowledge my views, values and beliefs as regards the design and implementation of the research from choosing the research topic to finalising and submitting the completed thesis (Gerrish & Lacey, 2006). Reflexivity required me to acknowledge and disclose myself in the research, understanding my part in or influence upon it. I reflected critically on how my values and beliefs also determined how I operated ethically and how I remained true to the authentic views and voices of the research participants. This is particularly the case when operating as an IR.

I implemented a bracketing approach (Tufford & Newman, 2012). This is a reflexive method whereby a self-evaluation was carried out that ensured any bias or presumption was prevented from corrupting the research. Personal experiences, biases, preconceived notions about the research topic were set aside. This was done principally via dialogue with my research supervisors and using a reflective research journal (see below). For example, it was often the case that interviewees from all sectors would express a view or pass judgement on a matter or on partners. I would have an informed perspective and opinion about the interviewees' comments which would, occasionally, be at odds with a participant's perspectives. Examples included the professionalism or otherwise of the third sector, commissioning practices, who should exercise power or how governance arrangements should be organised. I continuously checked in with supervisors to ensure I was effectively managing my own reactions to preserve the integrity of the research.

To complement the bracketing approach I also kept a research journal (see Appendix 3). The use of a reflective journal by researchers is supported, even encouraged, in research literature (Watt, 2007; Lambert, et al., 2010). At each stage of the research journey I recorded personal reflections, observations and experiences. I regularly referred to my research journal when conducting bracketing conversations with my research supervisors. I challenged myself continually as to whether I was making choices and decisions driven by my own preferences, thereby over-influencing the study and undermining its integrity, or whether I was being driven by the data and deploying strategies and methods that sought to protect the authenticity of the information. Examples include incidents where an interviewee would describe an experience of partnership culture or collaborative commitments

and, because my professional practice required a close working relationship with RPBs across Wales, I had my own view as to the accuracy or the partiality of the experience. The journal records how I had to prevent myself from challenging the description of the experience, rather than accepting the description as a legitimate and authentic perception on the part of the interviewee. A different example would be observations by interviewees about the role, responsibilities, and effectiveness of county voluntary councils (CVCs). As a CEO of a CVC, my personal view was that some of these comments were unfounded, ill-informed and occasionally patronising. In the journal I took the opportunity to reflect on how I needed to put aside, emotionally and intellectually, personal feelings of injustice and discrimination, and treat the information as a legitimate description of an RPB member's experience and perspective. Consequently, when implementing the data analysis process, I was especially careful and vigilant. I read and re-read the relevant sections of my research journal to ensure that my analysing of the information was as dispassionate as possible.

3.6 Method

The primary method of semi-structured interviews was deployed in the research. This was chosen because it best achieved the qualitative research aims which sought to give insight into the sense-making process deployed by key partnership actors. It collected primary information from participants which was subsequently processed and analysed. The analysis was informed by the study of secondary information collected in the literature review and in the study of RPB documents and plans.

3.6a Ethical Considerations

Ethical considerations were followed at every stage of the research study. Ethical approval was secured from the university following a rigorous process of application and examination by the institution's research ethics panel.

The following ethical considerations were explored and identified risks were minimised and mitigated:

- Conflicts of interest – all known potential conflicts of interest were declared and registered. These were managed via the bracketing process and the practice of reflexive research described above (see section 3.5b).
- Participant vulnerability – participants were supported in identifying any risks to them personally and professionally. A research information document was provided to all participants reminding them that participation was voluntary and that they could withdraw from the research at any point without jeopardy (see appendix 1).
- Consent – the written and informed consent of all participants was gained and recorded. This was secured via an information and consent form (see appendix 1) which encouraged participants to ask questions or raise issues. In particular, the reputational challenges of a small sample size within a small country and small population were discussed with participants.
- Confidentiality – all participants were assured via the information and consent form that information would be pseudonymised or anonymised and that no identifiable information would be included in the study. Each participant was reminded of this assurance orally at the beginning of interviews and invited to reaffirm their consent to this approach.
- Data management – the information collected was managed via Google Workspace, a professional suite of products that enables the secure storage and management of data. All data were controlled and processed in accordance with current data protection legislation and guidance. No data were kept or collected outside of the purposes for which they were intended. Data and information were not retained beyond the time limits specified in the consent forms.
- Researcher vulnerability – any personal or professional risks to the researcher were identified and documented as part of the ethical approval process within the academy. The main vulnerability was relational and, therefore, reputational. Should a colleague or partner of the researcher take offence at an aspect of the research or object to some of its content, this could have a detrimental impact on the researcher's professional practice. These risks were considered very low and were managed by the researcher in the design and implementation of the research.

3.6b Analysis of RPB Documents

The Terms of Reference and the Area Plans of all RPBs were analysed using a simple textual analysis method. Frey et al. (1992) suggest that textual analysis can serve three purposes: deriving meaning, exploring external influences and text critique or evaluation. In this case, the purpose of the analysis was to derive meaning. Meaning was not imposed but an informed interpretation was made based on the data and information that emerged from the document texts. External influences such as power dynamics or organisational rivalry were considered when seeking to interpret the text and understand motivation behind its content. It was not the purpose of this analysis to evaluate or critique the content itself.

Each document was explored within the themes that emerged from the literature review such as governance, power and partnership. In this regard, it was partly a deductive approach. However, the inductive emphasis was safeguarded because the information emerged from the documents themselves. Meaning was not imposed upon the data to make it fit a particular theme or hypothesis. Aspects of Terms of Reference content were identified that demonstrated how individual RPBs had organised themselves in relation to issues such as membership, eligibility for the roles of chair and vice chair, and quoracy and what this said about their approaches to the nature of partnership and decision-making responsibilities. A similar exercise was conducted with Area Plans that drew attention to issues of branding, decision-making delegation, collaboration and co-production.

The information from individual RPBs was then compared to explore the extent to which RPBs were operating and organising themselves in similar or different ways. This helped to determine the extent to which there was a common implementation of statutory duties and statutory guidance that demonstrated a wider understanding or a shared approach to themes such as power, governance, partnership and involvement.

3.6c Semi-structured Interviews

There are many qualitative methods which are utilised to gain an in depth and extensive understanding of the issues being studied. These are often by means of their verbal interpretation and the most common types are interviewing and observation (Cresswell, 2007). In-depth interviews were chosen as they are among

the most effective and powerful ways of acquiring an understanding of human experience and exploring issues or topics within human experience (Fontana & Frey, 2000). They elicit rich information about participants' perspectives, and they can make space for spontaneity and flexibility (Russell, et al., 2005).

Semi-structured interviews were conducted rather than unstructured interviews. Unstructured interviews are very open conversations that collect data through observation. There are different forms of unstructured interviews. Non-directive interviews or conversational interviews do not have a pre-planned set of questions. These are generated instantaneously during the interview. However, it was deemed that unstructured interviews would lack the framework in which the interview needed to take place. They could result in the conversation not dealing with the key issues that the research was seeking to study (Gray, 2018).

The semi-structured interview enabled an in-depth conversation in which the participants answered pre-set, open-ended questions (Corbin & Strauss, 2008). These types of interviews are conducted once only with an individual or with a group. Each interview lasted no more than an hour (DiCicco-Bloom & Crabtree, 2006). The interviews were based on an interview guide (see Appendix 2) which provided a comprehensive introduction to the interview and a schematic presentation of the questions and topics that needed to be explored (DiCicco-Bloom & Crabtree, 2006). The interview guide also ensured that each interview broadly followed the same format and covered the same ground. This was important in enabling effective comparing and contrasting of the information during the analysis phase of the research (Flick, 2022). The questions in the interview guide comprised the main questions followed by several follow-up or supplementary questions flowing from the main questions.

Interviews were carried out online via Microsoft Teams. To assist the reliable capture of the information, interviews were recorded. All participants consented to the recording of the interviews. This also freed the researcher from having to take written notes and enabled a more dedicated focus on the interview conversation. Verbatim transcripts were produced of each interview. Initial drafts were produced digitally by using the transcribing function within MS Teams. These drafts were checked against the recordings and proofread to ensure accuracy. This method of interviewing worked very well. It was particularly advantageous when operating in a context that

was still struggling to manage a global pandemic and at a time when health and care leaders were hugely busy. Making practical arrangements for interviews was challenging when the pressures on health and care leaders was unprecedented in modern times. The immediacy and convenience of online interviews made it easier to secure participants' agreement to be interviewed. I had expected that conversation may have been more unguarded before or after recording. However, this wasn't the case. Interviewees were very willing to engage in the conversation in a surprisingly frank, candid and transparent way. A face-to-face interview may have elicited slightly richer information because of the ability to respond to body language, facial expressions etc. However, it is likely that participants would not have been as ready to commit the time to attend physically at a particular venue at a particular time.

In order to safeguard the authentic voice and interpretation of the interviewees, consideration was given to member checking i.e. providing each interviewee with a copy of the transcript for them to verify the content (Guba & Lincoln, 1989). It was decided not to adopt this practice for two reasons. First, the transcripts were verbatim records of the interviewee including hesitations etc. If interviewees altered the content of the transcript, they would, *de facto*, have altered the substance of primary data. Second, given the huge time pressures on senior managers in health and social care at the time, it had been very difficult to secure diary slots for an hour's interview. The likelihood of interviewees having time to prioritise the verification of transcripts was negligible.

A small sample size of participants was chosen, which is characteristic of phenomenological research (Gray, 2018, pp. 167-175). Ellis (2016) recommends that a sample size of between 6 and 20 individuals is sufficient. A combination of quota sampling and purposeful or judgement sampling was employed to identify interviewees because the research needed a balanced participation across all sectors involved in RPBs, and this determined the criteria against which participants were invited. A non-probability or convenience sampling approach was rejected (Hornby & Simon, 1994) because simply interviewing those that made themselves available would not have produced a sufficiently comprehensive set of information and would have compromised the reliability of the research.

Participants were interviewed from three RPBs in Wales. It was decided to exclude Powys RPB given my close working relationship with this partnership (see section 3.5). The inclusion of RPB members from Powys would have created conflicts of interest and would have compromised the reliability of the study. As an IR, I used my contacts within the RPB community and especially among TS RPB partners. An invitation was initially extended to CVC chief officers who were RPB members to participate in the research. All CVC colleagues agreed to participate. I used my knowledge and expertise as an IR to identify 3 RPBs that would reflect the spread of RPB experience in Wales as regards, for example, geography, complexity and culture. Through the research evaluation processes and reflexive research practice described above (see sections 3.5a and 3.5b), I sought to ensure that these choices were not unhelpfully influenced by my position as an IR. CVC colleagues were also asked to help identify key adult social care and health board participants from their respective RPBs. It was emphasised that the adult social care and health board nominees should be the key or most senior RPB member representing their organisation. Typically these participants were executive directors within health boards or social care. I subsequently contacted the adult social care and health board participants nominated by the CVC chief officers. No participant approached to be interviewed refused or chose not to take part in the research. Several of the participants held or had held RPB roles such as chair or vice chair. It was decided not to interview chairs in a targeted way, or identify chairs and vice chairs within the study, because this could have compromised the confidentiality of the research if it were known that, for example, a HB participant was also an RPB chair. Also, albeit that a chair has a particular responsibility for steering the business of an RPB, they are primarily a representative of their organisation, and this may have created an imbalance within the research findings.

The scope of participants ensured the contribution of the three key strategic and commissioning partners within the RPB minimum membership as set out in Welsh Government's guidance (Welsh Government, 2015a, p. 9). This provided an initial sample size of nine interviewees. To enable the reader to trace through the study who is speaking, labels were ascribed to each of the interviewees based on the sector they represent (Adult Social Care, Health Board or Third Sector) e.g. ASC1, TS3, HB2, L3. The numbers were ascribed randomly. They do not correspond to a

particular RPB i.e. ASC1 may or may not be from the same RPB as HB1. This was an important anonymising technique deployed to protect the possible identification of particular partnerships, organisations or individuals.

It was also decided not to include service user or carer members of RPBs. However, it is important to emphasise that this was not because the experience of such members was considered of less importance. As stated in the research paradigm (see section 3.3), all experiences are considered equally valid. The main reason for focusing on adult social care, health boards and third sector was due to the strategic nature of their membership, particularly as commissioners and providers of services. Service user and citizen members have an equally significant, but very different and distinct contribution that is more aligned with stakeholder engagement and lived experience. This material difference and distinction is recognised and recommended in Welsh Government's public consultation on Rebalancing Care and Support (Welsh Government, 2023d). Specifically, the consultation document on Part 9 Statutory Guidance (Welsh Government, 2023c, p. 18) designate county voluntary councils as strategic commissioning partners whereas service users and carers are categorised as lived experience partners. It was, therefore, more consistent to compare and contrast the experiences of strategic partners whose involvement in the RPB shares a greater degree of commonality.

The original intention was to analyse the data using the software NVIVO. However, it soon became apparent that it would be more efficient and equally effective to use manual methods of analysis. A manual approach also enabled the researcher to develop a more detailed familiarity with the data. Esterburg (2002) points out that a thorough knowledge of the data is invaluable in data analysis. My aim as a practitioner-researcher was to analyse the information and data in as thorough and rigorous way as possible (Ritchie, et al., 2014, p. 113) .

Transcripts were coded against identified themes using axial coding (Strauss & Corbin, 1990), identifying any noteworthy exceptions or surprising content. Axial Coding is used to identify relationships between categories thereby identifying themes. These themes were subsequently compared with complementary information in the research to help formulate a picture of what is real. The analysis was horizontal in nature in that significant statements were taken from transcripts to describe elements of experiencing RPBs. Sentences and quotes that describe how

the participants experienced RPBs, together with significant statements, were placed into clusters of meaning, which helped to identify various themes characteristic of the participants' experience of RPBs. In addition, significant statements were used to produce a textual description of what the participants experienced and a structural description (imaginative variation) of the context and setting that influenced how the participant experienced their RPB. These were used to describe the essence of the RPB phenomenon that gave the researcher a sense of what it would be like to experience the phenomenon for themselves.

As a piece of inductive research, themes or theories were not imposed upon the research data and information. However, the themes that emerged from the literature review provided a context within which to analyse the information and content that emerged from the study. This approach deliberately adopts the same structure of the literature review, namely Government and Governance; Market Managerialism and Control; Partnership; Third Sector and Service User Representation. In addition to identifying the distinctive and new contribution to knowledge this study makes, such an approach also facilitated the analysis of the extent to which the findings of this research diverged from or converged with current learning. The analysis demonstrates where this study adds to the learning by aligning with the findings of earlier studies, or by demonstrating that things have been different within the RPB experience in Wales.

The codification of each interview enabled the description of participants' experiences of RPBs in relation to the following themes:

- Equality
- Trust
- Governance
- Perception of the third sector
- Funding
- Impact
- Power and Control
- Representation

These themes emerge in the findings within the context of the literature review themes described above. For example, participants' description of how equality was

experienced often related to governance and the role of government within partnerships (see Chapter 5). Descriptions of how power operated within RPBs frequently spoke to issues of managerialism and control (see Chapter 6). Comments about trust were invariably analysed within the context of partnership dynamics (See Chapter 7).

No theme was regarded as categorical because participants were free to describe their experience of the themes as they understood and interpreted them. The exception was equality where it was clarified that participants were not asked to comment on whether RPBs complied with equalities legislation, but to describe their experience of equality within the life and work of the partnership.

Although each theme is listed separately, it is invidious to suggest that themes are capable of being compartmentalised. For example, governance arrangements affect the power dynamics and equality within a partnership; the extent to which partnership members trust each other has a direct impact on the ways in which the partnership operates regarding, for example, the use of funding and other resources. It proved too simplistic to adopt a system of parent and child themes, because this gave the impression of a linear relationship, even a cause and effect. However, it was useful to bring different themes into focus at different times. For example, when considering the operation of partnership, themes associated with representation and trust were considered. These same themes were also considered, through a different lens, when analysing governance arrangements alongside different themes such as funding. The analysis of these themes derived from participants' experiences via different lenses shed a useful and helpful light on the experiences which, when compared, helped to paint a more detailed and better-informed picture of the phenomenon being studied.

Initially, the data were analysed per sector or group to ascertain whether there were common experiences and perceptions within a particular sector. This helped to discover the extent to which participants' experiences were sector specific, for example did all adult social care participants share an understanding of how equality plays out within their RPBs? or did all third sector participants describe a similar experience in relation to where power and control lie within RPBs?

Inter-sectoral data was subsequently analysed to highlight any areas of convergence and divergence between sectors. For example, was it the case that adult social care participants' experiences of health board members were the complete inverse to the ways in which adult social care members described their experience of working alongside health board members?

The information gathered from RPB leads (see section 3.6d) brought a particular perspective to bear on the study that both broadened and deepened the description and analysis of RPB membership experience in Wales. Due to their distinctive roles and responsibilities as RPB leads, and not RPB members, different dynamics were at play during their interviews compared with those of adult social care, health board and third sector interviewees. For example, as paid employees and officers of the RPB, the performance and health of the partnership had a direct significance for their own professional performance and reputation.

3.6d Focus Groups and Plan B

Part of the initial methods plan was to supplement and enhance the information from semi-structured interviews with information collected from focus groups. David Gray describes a focus group as “an organised discussion among a selected group of individuals with the aim of eliciting information about their views.” (Gray, 2018, p. 460). In focus groups, invited groups of people are interviewed in a discussion setting in the presence of the session moderator and generally these discussions last for around 90 min (Cresswell, 2007). Focus groups would have been a useful addition to semi-structured interviews for several reasons. The interaction and group dynamics within a focus group would have widened the range of responses beyond those of the small number of interviews (Lindlof & Taylor, 2002). Participants' interaction with each other would have activated forgotten details and encouraged mutual participation by reducing inhibitions and boosting each other's confidence. 'Sharing and comparing' (Morgan & Krueger, 1997) would have taken place whereby each member offers their perspective and compares their experience with that of others in the group. This would have generated insights and information that are not possible in a one-to-one interview. Focus groups could have revealed how participants are talking about an issue because members of the group would engage amongst themselves. They would have made it possible for the researcher to

observe and record the language used, participants' intonation and their views about matters being discussed. In addition, they could have explored potentially sensitive topics better than a one-to-one interview because there is less emphasis on an individual's views and opinions.

However, at the height of the pandemic, exacerbated by winter pressures on the health and care system, there was significant and relentless demands on senior officers' diaries. It proved impossible to identify dates and times that were convenient for all focus group members to come together simultaneously. Consequently, the inclusion of focus groups within the research methods had to be abandoned. This clearly meant that the additional, different and complementary information that focus groups would have provided was no longer possible and an alternative approach was needed.

It was decided to add to the number of semi-structured interviews because it was proving more practical to work with individuals than with groups. However, instead of simply increasing the number of interviews with RPB members, it was decided to conduct interviews with RPB leads from the same RPBs as the strategic member interviewees. This increased the number of interviewees from 9 to 12. RPB leads are individuals recruited by RPBs to lead and manage the partnerships. As such, they are not RPB members, but they support the effectiveness and productivity of RPBs. This added depth and enriched the research because the experience of RPB leads is complementary and additional. They offered a perspective as those whose investment and interest in the RPB were different and more contractual in nature than that of members. As such, where RPB leads' experience converged with or diverged from that of members, it was possible to draw conclusions as to the levels of synergy, cohesion and congruity within RPBs. As with other interviewees, Leads were ascribed a label (L1, L2 or L3) in order that the reader be able to trace which Lead is quoted.

3.7 Conclusion

This chapter has clarified the aim of the research as seeking to explore and assess the strategic partners' experience of collaboration and the involvement of the third Sector in health, care and well-being planning in Wales via RPBs during their first period of operation between 2018-2023.

It has explained the research paradigm adopted by describing the researcher's research ontology, epistemology and methodology. Ontologically, the research does not take a polarised approach to reality, whether positivist or interpretivist, preferring to accept all perspectives and all experiences as contributing to a multi-faceted and diverse picture of what is real. All forms of knowledge are important and crucial. Nonetheless, the researcher is attracted to a social epistemology where the social context is regarded as an essential crucible in which knowledge is co-produced. Meaning and reality are accessed through social means and cannot be detached from human reason and experience.

Consequently, the researcher's methodology is largely inductive in that any theories are built from the analysis of participants' experiences. However, the researcher acknowledges that there is a deductive dimension to the research because the themes that emerged from the literature review were used to construct a context for the field work. The research was a piece of narrative enquiry because knowledge was co-produced by researcher and participants. More specifically, it adopted a transcendental phenomenological approach. This enabled the researcher to explore the experiences of the participants of a shared phenomenon, namely RPBs in Wales.

A positionality description has highlighted the researcher's position vis-à-vis the research. The researcher's professional practice, experience, values and beliefs are acknowledged as having an influence on the design and conduct of the research. In addition to the benefits of being an IR, techniques were adopted to manage the risks and minimise the disadvantages of insider research. Mechanisms were implemented and steps were taken to ensure the reliability and transferability of the study. Practices such as bracketing and reflexive research were adopted as part of a continuous reflection on research implementation. This not only mitigated the risk of research bias, but also provided a necessary level of trustworthiness and dependability to the study. The research gained ethical approval by the university and ethical matters were considered and assured throughout the course of the study. To carry out such a study, qualitative methods were used, namely semi-structured interviews. Such a method facilitated an in-depth exploration of interviewees' experience of RPBs within three different regions in Wales and involved participants from the key sectors: local authorities, health boards and third sector. RPB Leads

were also interviewed to widen the pool of experiences when it became clear that it was not practically and logistically possible to hold focus groups.

Subsequent chapters in this study will present the findings from the analysis of RPB documents and from the semi-structured interviews. These will be followed by a critical description of the discussion that is created by the analysis of the findings within the thematic context provided by the literature review.

Chapter 4: Findings – RPB Terms of Reference and Area Plans

4.1 Introduction

This chapter explores the documentation of RPBs, namely Area Plans and Terms of Reference. This is important because the documents demonstrate how RPBs have chosen to organise themselves and what this reveals about issues of governance, power, trust and equality.

A textual analysis of these documents is carried out, and the findings of this analysis presented. The study of these documents helped to inform and refine the questions used in the semi-structured interviews. As with later findings, the analysis is examined within the themes of the literature review to ascertain the extent to which RPBs in Wales converge with or diverge from the findings of previous studies.

Part 9 of the Social Services and Well-being Act, together with its associated Statutory Regulations (Welsh Government, 2015a), places specific statutory duties on local authorities and health boards. It specifies how these bodies must work in partnership with non-statutory agencies from the independent and third sectors, and with those who represent the interests of carers and service users. Membership of RPBs differs because, whilst the Act prescribes a core or minimum membership, it allows RPBs to determine the precise membership over and above the core members. The core membership required is:

- an elected member from one local authority in the region
- a member of the local health board
- a Director of Social Services from each local authority in the region
- a local authority housing representative
- a registered social landlord
- a local authority education representative
- at least one person from the third sector who works with the local authority and local health board
- a member of the public
- a carer

A knowledge of the minimum required membership is important because legislation is silent regarding the nature and balance of membership. This has given rise to a

wide diversity across Wales, as the examination of Terms of Reference in this chapter demonstrates.

Section 14a of the Act places a duty on RPBs to develop Area Plans for their regions. The first Area Plans had to be established by April 2018 and be for a 5-year period, 2018-2023. These had to respond to the findings of an assessment of the care and support needs of the population, including carers. This Population Needs Assessment (PNA) is a statutory pre-requisite of the Area Plan. Each RPB is required by Welsh Government to consider the specific needs of specified population groups including carers, people with disabilities, those with a mental health condition and individuals experiencing Violence Against Women, Domestic Abuse and Sexual Violence

The Area Plan sets out the range of response, support and services the RPB will establish to fulfil the requirements of the Act based on the identified well-being needs and aspirations of people within the region. The Plan needs to provide details of the RPB's approach to prevention, information, advice and assistance (IAA), the development of alternative delivery models and the delivery of services in Welsh.

This chapter concludes by summarising the consequences of these findings and their analysis for this study.

4.2 RPB Terms of Reference (ToR)

The analytical approach adopted to analyse RPB ToR took the form of a textual analysis of the documents. The versions of the ToR were those available at the time of analysis in 2021. They are a continuous work in progress and inevitably undergo regular revision. As explained in more detail in section 3.3c, this was predominantly, but not exclusively, an inductive approach. It drew common themes and issues from the documents that evidenced and described the nature and substance of partnership within each area. However, it was also, to some degree, deductive in that the analysis of the themes and issues was analysed within the context of the themes that emerged from the literature review: governance, power, partnership and representation. The texts were critically explored, searching for evidence as to how partnerships had organised themselves, and how this organisation reflected or challenged extant learning. Information was gathered about ways of working that affect governance, power and partnership, such as membership, quoracy, chairing

eligibility and decision-making authorisation. This information was then used to compare RPBs with each other, and in relation to the guidance with which they were required to comply (Welsh Government, 2015a). A summary of the headline information derived from the documents is provided in the table below:

Table 1: RPB Terms of Reference Information

	North Wales	West Wales	Powys	Cardiff & Vale	West Glamorgan	Gwent	Cwm Taf Morgannwg
All member voting	✓	✓	✓	✓	X	X	✓
Cross sector quoracy	✓	✓	✓	✓	X	X	X
All member eligibility for Chair / Vice Chair	✓	✓	✓	X	X	X	✓
Decision-making delegation	X	X	✓	✓	X	?	X

A textual analysis of the ToR of each RPB immediately illustrates that the issues outlined in the literature review such as the nature of partnership and the role of government and governance within partnerships are real and live issues for partners as they seek to fulfil statutory requirements and put in place collaborative arrangements that are deemed most appropriate and effective for their regions.

Because the legislation does not deal with the nature of partnership, it could be concluded that it assumes that all members of an RPB would be equal. However, the diversity within RPB Terms of Reference reveals this not to be the case. Where a RPB's ToR is silent on the matter, it is reasonable to assume that a member is a member, and that no distinction is made regarding a member's role and responsibilities within the partnership. However, some RPBs deliberately establish a

distinction between its members, thereby creating a hierarchy of membership where some members have more authority and influence than others. For example, the Gwent RPB categorises voting members and non-voting members. The voting members are exclusively from the statutory partners, namely the local authorities and the health board. Non-statutory partners from the independent and third sectors, together with carer and service user members, are designated non-voting members. This appears to be a clear and deliberate approach that regards the contribution and involvement of non-statutory members as deserving of a lower level of influence and participation. The analysis of research participants' contributions, set out in chapters 5 and 6, indicates that there could be several reasons for this such as an unwillingness to relinquish or share power, a conviction that the statutory responsibilities of some RPB members needs to take precedence, a poor understanding of co-production or a fear of what kinds of decisions others might make.

Another indicator of the nature of partnership illustrated by RPB ToR is the rules that establish the quorum for the partnership. In most regions the RPB is considered quorate when there is representation from all the member bodies. However, there are notable exceptions that use quoracy to establish a hierarchy of membership where some members are considered more equal than others. For example, Cwm Taf Morgannwg makes a distinction between 'Partnership Bodies' and 'Board Members'. Local Authorities and the Health Board constitute partnership bodies and a quorum is achieved if attendance from each of these bodies is present. This is also the case in the Western Bay RPB. Gwent RPB becomes quorate if each of the agencies considered voting members are represented. The effect of these discriminatory arrangements is that some RPB members appear to be considered less important or less essential than others.

An analysis of the arrangements RPBs establish for the roles of chair and vice chair helps to understand how the partnerships regard their membership and its function. Some RPBs make it possible for these posts to be occupied by any of its members, irrespective of organisation or sector. However, other RPBs restrict the role of chair and vice chair to statutory agencies, and specifically to local authority and health board members. This is the case in Gwent and Cardiff. Western Bay RPB simply states that the method of appointing the chair and vice chair will be determined by

the partnership. It does not specify whether these roles can be fulfilled by any member or only by members from the organisations it designates as ‘partnership bodies’.

The extent to which the RPBs are considered decision-making bodies is not consistent and the ToR display a variety of arrangements and approaches. Western Bay states explicitly that “The Regional Partnership Board is not a decision-making body and has no executive powers ... Partners will need to take issues agreed through their own local, policy and decision-making for ratification.” Whereas, in Powys an almost inverse set of arrangements exists whereby the local authority and the health board specifically authorise the RPB ‘to ensure delivery of the requirements of Part 9 of the Act’ and state that ‘All members of the Board have delegated powers on issues of operational matters that require urgent attention’.

This issue of decision-making is made even more complex by the governance arrangements put in place by RPBs. These are set out in more detail in the Area Plans.

4.3 Area Plans

The analytical approach adopted to analyse Area Plans was the same as that adopted for the analysis of ToR. However, due to the different nature and content of the Area Plans, the texts were critically explored, searching for evidence as to how partnerships had presented and developed the content of the plans. Information was gathered about aspects of the plans that affect governance, power and partnership, such as plan branding, decision-making, population needs assessment and service design and delivery. This information was then used to compare RPBs with each other, and in relation to the guidance with which they were required to comply. As with ToR, the versions of the Area Plans were those available in 2021 at the time of the analysis.

Welsh Government published Statutory Guidance to support RPBs in their development and production of Area Plans (Welsh Government, 2017). This guidance needs to be considered alongside complementary guidance such as guidance on partnership arrangements (Welsh Government, 2015a). It is noteworthy that the area plan guidance commits local authorities and health boards to setting up partnerships through which to implement area plans in response to the PNA findings.

It goes on to require local authorities and health boards to engage with other sectors and to involve people in the design and delivery of services. This is confusing and creates unhelpful ambiguity. On the one hand non-statutory partners, service users and carers are considered members of the RPB. On the other hand, the guidance relegates them to stakeholders with whom local authorities and health boards engage and involve in the work of RPBs.

The guidance is largely silent as regards the form and substance of general partnership arrangements, beyond the listing of matters such as minimum membership. Section 10 of the Partnership Arrangements Guidance expects RPBs to develop written agreements to govern formal arrangements for delegated functions (Welsh Government, 2015a, p. 21). There are also sections that deal with specific matters such as pooled funds and Integrated Family Support Services. However, as for Terms of Reference and how RPBs should operate, this is left to RPBs to determine.

4.3a Whose Plan is it?

The way in which Area Plans are branded and presented is an interesting and illuminating glimpse into how the RPB regards the plan's ownership. 'Whose plan is this?' is a key question when considering the culture of the partnership and the extent to which all partners are fully involved. In almost half of the plans (Powys, Gwent, North Wales) the branding and presentation are exclusively from the statutory sector. The impression given, based on an analysis of the design, branding and content of the plans, is that these plans belong to and are owned by local authorities and health boards. Any reference to other organisations and sectors could be interpreted as references to interested parties or stakeholders. In contrast, Cardiff and the Vale, Cwm Taf and Western Bay, portray their plans using logos etc. as being owned by and belonging to all the partner agencies of the respective RPBs. This leads the reader to conclude that all parties are fully engaged and equally involved. West Wales opts for no organisational branding and operates through a newly established Care Partnership. It is not possible to infer definite motives for this approach. It could be that that this is a deliberate move on the part of West Wales RPB to move away from organisational considerations and to provide a space that

belongs to no one body but is owned by everyone collectively. Equally, it could be that the RPB is seeking to obscure where power lies.

4.3b Who makes decisions?

On the face of things RPBs are partnerships that bring together personnel from different agencies and sectors to make decisions on matters set out in legislation and to collaborate in relation to the planning and delivery of services. However, as we have seen in the analysis of RPB ToR, the reality of how a partnership functions and who is considered a decision-maker is much more complex and complicated.

All but one of the Area Plans set out the governance arrangements established in each region for the RPB. The exception is Cardiff and the Vale. In the same way that mechanisms such as quoracy, voting rights and eligibility criteria can be used to create tiers of members, governance arrangements can also be used to introduce layers of differentiated decision-making that render some members more powerful and influential than others.

The key mechanism for asserting control within RPBs is the inclusion of a group, board or committee that is not fully representative of the partnership, but which has significant decision-making authority. The Area Plans demonstrate that every RPB that details its governance arrangements has established such a group and has restricted its membership to the local authorities and the health boards. These groups operate under different names, such as Joint Committee (West Wales), Joint Partnership Board (Powys) or Leadership Group (Western Bay, Gwent, Cwm Taf and North Wales). Such governance arrangements give rise to speculation that partnership arrangements are not full inclusive and create impressions of being insiders and outsiders. Some members are relegated to positions of influencers, while others are invested with decision-making authorisation.

4.3c Population Needs Assessments (PNA)

The plans set out, as required, not only the findings of PNAs, but the extent to which these have been co-produced. In particular, the plans offer some detail about how all partners, people and communities were involved. Here again there is a range of approaches described and impressions given in the Area Plans. Most regions confirm that they have taken steps to work in partnership, for example Cardiff and

the Vale state that the public and voluntary sectors “joined forces under the banner ‘Let’s Talk’” (Cardiff and Vale of Glamorgan Regional Partnership Board, 2021, p. 3) and that the third sector was involved in the surveys carried out as part of the assessment. In the Cwm Taf Morgannwg plan it asserts that the PNA did not rely on data alone because “understanding the care and support needs of people is not just about statistics, it includes the views and experiences of those working in the public, independent and third sectors and, more importantly, service users and carers themselves” (Cwm Taf Morgannwg Regional Partnership Board, 2021, p. 9). The Gwent plan recognises and describes the requirement to co-produce a PNA but gives little information about how this was carried out and who was involved. Its only reference to collaboration is with its citizen panel and providers’ forum. Although it states that ‘The Area Plan has been overseen by the RPB and its third sector partner’ (Gwent Regional Partnership Board, 2021, p. 14), the fact that the third sector is referenced as separate to the RPB gives the impression that the sector is not considered a member of the RPB. In North Wales the statutory sector appears to have led the PNA in an exclusive way. The plan states that, “Local authorities in North Wales worked together with Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales to produce the assessment, a requirement of the Social Services and Well-being (Wales) Act 2014” (North Wales Social Care & Well-Being Services Improvement Collaborative, 2021, p. 4). It refers to the third sector, people and communities as consultees with whom partners have engaged, rather than partners who were equally involved in the co-production of the assessment. The situation described in the West Wales plan is similar, but not identical. Here the assessment “was carried out jointly by the three local authorities and HDdUHB, with input from users, carers and colleagues in the third and independent sectors.” (West Wales Regional Partnership Board, 2021, p. 5) Although the PNA itself refers to the use of cross agency groups, surveys and consultation events, holistic co-production in West Wales is spoken of in more aspirational language than as something that was implemented in the needs assessment and planning processes. The plan has a section dedicated to co-production in which it states that ‘we will establish new, regional arrangements for engaging with a cross section of the public in the planning, delivery and reviewing of care and support services.’ (ibid, p. 16). It also commits the RPB to establishing an innovation forum that “will engage meaningfully with service providers across the

statutory, independent and third sectors.” (ibid, p. 16) In contrast, Western Bay’s plan speaks of establishing a citizens’ panel, the membership of which “is drawn from the mailing lists of the three Councils for Voluntary Services in Bridgend, Neath Port Talbot and Swansea. Membership is ‘fluid’ (Western Bay Health and Social Care Programme, 2021, p. 31), ensuring meetings and any engagement activities are open to all interested parties (service users, carers, family members).” In addition, the RPB “also involved the Regional Third Sector Health Social Care & Well-being Network in its work.” (ibid, p. 31) This appears to take a step beyond consultation and engagement that involves the third sector and people in the production of the needs assessment and the plan itself. The Powys Plan does not go into detail regarding the methods and processes it adopted to produce the PNA. However, it does contain a section on what people have said and refers to several consultation events that took place across the county. The distinction between consultation, engagement and involvement when speaking of co-production becomes very unclear.

4.3d Partnership and Integration

The Act and its regulations require RPBs to operate in partnership and to co-produce services with citizens, carers and service users. In addition, RPBs are tasked with the integration of health and care services, albeit that there is lack of clarity as to what integration means in practice. It could be anything on a spectrum of co-location to structural merger. All the Area Plans refer to these requirements and commit the RPBs to complying with the legislation. Typically, in the forewords and introductions to the plans it is stated that working in partnership is a fundamental approach adopted by the RPBs. A typical example is the Chair’s foreword to the Cwm Taf plan that states that the RPB will “work more effectively across public services, the third sector, the independent sector and with our service users, carers and communities.’ (Cwm Taf Morgannwg Regional Partnership Board, 2021, p. 4) It is only in analysing the commitments within the plans that a judgement can be reached as to whether or not such statements turn rhetoric into reality and move from policy to practice. Because each RPB is different and their respective plans are different, it is to be expected that each plan varies in the prominence it gives to how it will deliver against these requirements.

Powys identifies 'Transforming in Partnership' as a priority and it is given high prominence alongside other priorities. Its area plan refers to the "engagement of individuals, families, communities and partners via area-based planning" (Powys Regional Partnership Board, 2021, p. 17). Its workforce priority speaks of the third sector workforce as an integral part of its plans and aspirations.

Cwm Taf Morgannwg's Area Plan mentions partnership among its overarching themes. It commits itself to specific cooperation, for example in connection with data and information sharing. Moreover, it states that "to meet the care and support needs of residents and ensure we make best use of resources, there is more work to be done to improve collaboration between partners. ... we need to understand and embrace an approach known as coproduction." (Cwm Taf Morgannwg Regional Partnership Board, 2021, p. 12)

Western Bay affirms that the objective of its RPB is "to ensure the partnership works effectively together..." (Western Bay Health and Social Care Programme, 2021, p. 4) It describes how it is working towards coproduction. At first glance this appears to be almost exclusively limited to the work of its citizen panel and consultation exercises with the wider population. However, there are a number of specific references to working with unpaid carers and other population groups to co-produce services.

The West Wales Care Partnership states that its purpose is to "bring together partners from local government, the NHS, the third and independent sectors with service users and carers to transform care and support services." It recognises that "genuine coproduction requires a bolder approach and should not start and finish at the planning stage." (West Wales Regional Partnership Board, 2021, p. 16) To this end it commits the partnership to establishing "regional arrangements for engaging with a cross section of the public in planning, delivering and reviewing care and support services." (ibid, p 16) It has a number of references to integrated commissioning, but it doesn't explain what is meant by this term and whether any partners, other than commissioning agencies, will be involved in an integrated commissioning process. If not, it could risk becoming a new version of a *commission and control* set of arrangements.

North Wales Area Plan states that the plan has been developed by regional partners of which there are 26 of whom 3 were from the third sector with one carer member

and a service user member. Whilst the plan makes very occasional references to the importance of partnership and coproduction, it fails to demonstrate how these ways of working will be implemented. There are some references to the third sector as a delivery partner, particularly in connection with preventative initiatives and with social prescribing.

Gwent's Area Plan describes a set of principles it has adopted "to provide consistency and quicken the pace by which we can work collaboratively" (Gwent Regional Partnership Board, 2021, p. 13). It is the only plan that explicitly includes the third sector in its integration commitments, stating that it will establish "a seamless pathway of care for patients by integrating social services, health and third sector provision at local level." (Ibid, p. 7) However, the plan does not make clear whether its references to partners in key areas of collaboration, such as workforce development and the Neighbourhood Care Network, include non-statutory sector agencies and people. One sentence reads: "The Area Plan has been overseen by the Regional Partnership Board and third sector partners." (ibid, p. 14) This appears to imply that the third sector is not integral to the RPB.

Cardiff and the Vale Area Plan makes little reference to how it works in partnership and how it will take forward issues of integration and coproduction. It does contain specific comments about, for example, establishing "a partnership delivery mechanism" (Cardiff and Vale of Glamorgan Regional Partnership Board, 2021, p. 10) to support people with sensory loss and impairment or developing multi-agency initiatives to improve community safety. The plan includes, as one of its well-being objectives, the nurturing of "safe, confident and empowered communities" (ibid, p. 6). It speaks of the furtherance of volunteering in such a way that "enables people to get involved and participate in their communities" (ibid, p. 6). The reader is left with an impression of a top-down approach that does to people rather than does with people.

Where the integration agenda is addressed within Area Plans, it largely stops at a recognition of the requirement and a commitment to explore possibilities. The general impression given by the plans is that the consideration of integration is largely confined to the statutory sector. There is little to suggest that a whole system approach to integration is being pursued, including the third sector.

The sections of the plans that begin to offer a little detail as to what things could mean in practice and how the plans may be implemented contain many references to the third sector as an actual or potential delivery partner. There are few examples of the third sector being identified as a lead agency. Where these do exist, they are in relation to community connecting / social prescribing and citizen engagement. There are numerous references across all plans to commissioning. Here again, one could conclude that the third sector is being seen, not as an equal partner with shared responsibility for making policy and planning, but as part of a commissioned supply chain operating within a tightly controlled market. Consequently, this determines the notions of partnership on which the RPB is based and shapes the parameters within which it operates.

Each plan refers to the importance of communities and the developing of their resilience. This is identified as a key element in the prevention and early intervention agenda. The third sector is cited as an essential partner when seeking to develop this approach and achieve this outcome.

3.7 Conclusion

In this chapter the analysis of RPB documentation has tested the extent to which the intentions of government and the aspirations of partnership policy have been realised and implemented. It is evident that, whilst progress is being made, the content and presentation of RPB Terms of Reference and Area Plans describe arrangements that seek to manage where power lies and how control is exercised within RPBs. Invariably, these arrangements put statutory agencies firmly in the driving seat of RPBs and appear to regard non-statutory partners as stakeholders.

Chapter 5: Findings – Government and Governance

5.1 Introduction

In analysing the data and information it was clear that all participants made important and significant contributions that related to governance arrangements and to the role of government and statutory agencies within those arrangements. Within the theme of governance, participants described experiences that demonstrated that these are very complex and multi-faceted matters. For the most part, participants framed their contributions by referring to how they had experienced governance arrangements affecting the operation of equality. Each participant's experience was influenced by how they thought equality and contingent governance arrangements should operate, sometimes in stark and frustrating contrast to how they actually operated.

Interviewees also shared their understanding or interpretation of the legislation and guidance that govern RPBs, thereby describing why they had different, and for some, dashed expectations of how governance should operate. Some participants, mainly from the third sector, gave examples of where they felt the arrangements disadvantaged them, such as the balance of RPB membership, decision-making authorisation and a lack of parity as regards knowledge and expertise.

When participants described their experience of equality within the governance arrangements of RPBs, it was important to be clear and precise about what was meant. Specifically, it was stated that this related to the operation of the partnership itself and not to how the partnership fulfilled its responsibilities in ensuring compliance with equality, diversity and inclusion legislation, policy and guidance. Also, the distinction between equality and equitability was referenced. Equality was understood as being equal in relation to status, rights, or opportunities, whereas equitability was understood as dealing with the fair sharing of or access to provision and resources, albeit that this opens a different debate as to what constitutes fairness. Within the interviews discussion focused primarily on governance equality. Participants described instances when issues of equality had an advantageous or detrimental impact upon the equitable treatment of all members. Issues of equality were experienced differently in connection with different aspects of the RPB's life and work, such as decision-making, representation, funding or knowledge and expertise.

5.2 Should RPB Governance be Equal?

Some participants challenged what they perceived to be the premise or expectation of the issue, that equality of members should be an aim or aspiration of an RPB. To safeguard the integrity of the phenomenological study, participants were reassured that questions were solely a prompt and that it was important that each participant described their experience as they judged best, based on their understanding of how RPBs should operate.

We have already seen that the ToR of RPBs invariably establish diversity within the partnerships as regards quoracy, voting rights and eligibility for the role of chair (see section 4.2). Nonetheless, Third Sector (TS) participants generally assumed that all RPB members were, and should be, equal. Several TS contributors pointed out that the legislation makes no distinction between members and that a member is a member. Consequently, TS contributors concluded that any evidence of inequality within RPBs was not only unfortunate but was against the letter and spirit of the law. The use of pronouns within interviews was illuminating. Almost all participants used words such as 'they', 'us', 'we' etc. However, there were clear sectoral differences in what was meant using these pronouns. All TS participants referred to the RPB as 'they' and used first person pronouns when referring to themselves or the sector they represent. 'They' was used to refer to all statutory members of the RPB. TS contributors clearly saw themselves as not belonging to RPBs in as substantial a way as members from local authorities and health boards. Interviewee TS1 put it quite starkly:

I do think that it's them and us. They do want it to be a 'we', but I don't think it's quite there yet.

Health Board (HB) interviewees generally agreed with TS contributors that no distinction should be made between members. Interviewee HB1 addressed this issue specifically:

I consider that all the people who attend the RPB, either from the statutory bodies or the voluntary sector or carer organisations should have equal status at the RPB. Everybody's voice and views are of the same importance.

However, all HB interviewees commented that their experience falls significantly short of the aspiration and requirement. Interviewee HB2 described this in these

words (NB: The reference to 'everybody' and 'everyone' refers only to local authority and HB members):

Everybody around the table thinks that they are approaching the dynamic and the relationship in an equal way and that equality is promoted. It isn't. It just isn't. Frankly, everybody likes to think that they are maintaining a high standard of equality, but everyone feels a little bit superior.

HB interviewees concluded that TS members of RPBs, together with carer and service user members, were generally seen as less equal. HB1 commented that "Third sector and carer representatives feel as though they're minor players". Interviewee HB3 supported this view: "It doesn't feel equal. The third sector are always very unhappy because they are not an equal voice around the table."

When it came to the experiences of Adult Social Care (ASC) interviewees, a very different perspective and set of assumptions were articulated. There was general agreement among ASC contributors that, not only can RPB membership never be equal, but it should not be equal. ASC members were acutely aware of their statutory responsibilities and accountabilities. It was argued that RPB members could not be regarded as having equal roles to play within the RPB. Interviewee ASC1 described the RPB as:

...a place where people with delegated authority and statutory responsibilities come together. Then there are other stakeholders which, to a lesser or greater extent, we should take their views into account.

Interviewee ASC2 described their experience of equality in more graphic terms:

If we were to rate [equality] with the third sector out of one to five where five is good, we'd score around two. ... Sometimes they're seen as a pain in the backside and it's tokenistic.

All ASC contributors commented that equality within RPBs was an unreal and forlorn aspiration when, for example, directors of social care are required to be members alongside those with no statutory responsibilities. This was described forcibly by interviewee ASC3:

It absolutely isn't equal. ... You [a carer representative] are not an equal member of this board. You come to the Regional Partnership Board. You've

put yourself forward as a representative, but if something goes wrong, you can walk away. If I don't do my job correctly, I could go to jail!

This view of RPBs was corroborated by ASC1 who stated that:

It's anything but equal. [The legislation] is absolutely setting me out to say, No - you're responsible, not anyone else just you! And it names me and tells me how I've got to be responsible, so there's an interesting conflict between this notion of equality and this loose wording of partnership and collaboration.

5.3 Hierarchy of RPB Governance

Every interviewee described their experience of the RPB in ways that meant some RPB members were more equal than others, or at least that some members assumed they were more equal than others. The partnership aspirations, arguably envisaged and expected in legislation and regulation, had not been realised and had, instead, resulted in the systemisation of inequality.

Despite the findings outlined above regarding the principle of equality within RPBs, statutory RPB members displayed attitudes of overt rivalry and competition between them as individuals and as agencies (see section 6.2). Interviewees cited this rivalry as a cause and source of inequality, leading to unfairness and inequity.

ASC participants explained that the nature of their accountability to democratically elected politicians ascribed to their role a particular importance and significance, even a superiority. ASC members agreed that this is not readily understood by other RPB members, and not fully appreciated by HB members who operate within a very different set of arrangements. ASC1 described the situation in these terms:

...democracy is the kind of compromise that we reach generally in the western world around equality. Democracy is a way round equality, isn't it? ... The Health Board can't fathom it. My mandate ultimately comes from elected politicians who are ultimately accountable in the way no health board are accountable, through directly elected politicians.

The interviewee reinforced the argument by the assertion that:

My authority in making decisions for the people of [county] is set out in a constitution, is set out in the set of elections and I have very clearly delegated responsibilities from those politicians and there are mechanisms to change

that. So my question would be, how would you calculate that everything should be equal within a partnership?

ASC contributors also expressed some frustration that health board agenda and priorities dominated RPB business, to the exclusion and detriment of social care provision. This was clearly described in the words of ASC3:

The health agenda dominates [RPB business]. We spend a huge amount of time talking about hospital flow rather than the inability to recruit people (care workers). The thing that's become very much exposed over the last few months is the inequality in terms of the way social care is viewed as opposed to the health service. Health boards always get a better hearing than the local authorities do from Welsh Government, and it's given far more importance.

ASC participants referred to the imbalance created by a multitude of relatively small local authorities trying to work in partnership with much larger Health Boards that were, as a result, experienced as more powerful and more controlling.

Ironically, HB interviewees generally agreed with ASC contributors' comments and observations, albeit from an opposing perspective that resulted in a very different set of experiences. HB members recognised that local authority colleagues often felt that their accountability to democratically elected politicians afforded them a higher level of authority and authorisation. However, this was a source of frustration, even annoyance and hurt. HB3 described this experience in these terms:

There's something about equality that never plays out when you have local authority cabinet members and directors of social services in the room. We're all equal, but cabinet members are 'special', especially for directors of social services. From my perspective, the [Health Board] is a member of the RPB. They are as equal, even though they are not democratically elected.

This sense of frustration was exacerbated when ASC partners criticised the fact that Health Board officers are occasionally nominated and appointed to serve as chairs or vice-chairs of RPBs. Some ASC members stated that this should not happen because, within a system of democratically elected leaders, the politicians would always be in positions of leadership. HB3 described their experience of such criticism:

I can think of many a time when I was told that we [local authority] would never have an executive officer chairing on behalf of local authorities. That's not polite or courteous. So again, they played the unequal card. I've got broad shoulders. I took the hit.

TS contributors did not comment significantly on the equality hierarchy battles between health boards and local authorities. They saw inequality in terms of statutory sector and third sector.

Governance arrangements were experienced by RPB Leads as complex, confusing and possibly irreconcilable. Interviewee L1 explained that whatever the expectations or aspirations of Welsh Government were:

It is just perpetually evident that [local authorities' and health boards'] own governance, accountabilities, *raison d'etre*, will always hold sway, so it's almost a case of thus far, and no further.

However, they were nonetheless optimistic and concluded that "within that thus far there are great opportunities."

5.4 In the Know

TS interviewees felt excluded and at a disadvantage if their knowledge of matters and issues did not match that of statutory sector partners whose professional expertise and experience lay in these areas of operation. TS interviewees described this as a 'forlorn hope' or an 'unachievable aspiration' because their knowledge of health and care legislation, policy, regulation, plans, services etc. was never going to match that of health and care managers and directors. However, they stated that they were, nonetheless, expected to demonstrate an equal level of knowledge and expertise if they wanted to be taken seriously within the partnership. Interviewee TS1 described their experience of knowledge inequality due to unequal capacity:

I really struggle with it. It's because, when you're in health and you've got so many staff that are focused on ICF and Transformation [Fund], and that's just the day job, and then you've got adult social care there. And that's very much focused on the day job, whereas we have other day jobs to carry out. So it's part of our role when this is 100% their role.

Alongside the significance of knowledge and information, TS interviewees commented on the extent to which they had far fewer opportunities to work alongside partners than did colleagues from health boards and local authorities. This was described as a contributing factor to the inequality they thought existed between sectors within the RPB. TS1 described this experience thus:

The fact that the directors of social services, for instance, have various meetings, inevitably on lots of other topics, so part of their day job is to engage with other directors, or to engage with the relevant people within health. For the [third sector representative] that's not necessarily part of the day job. So the relationships that they have are very much around a space to be able to predetermine what they want to take and what to get signed off.

None of the HB or ASC interviewees referred to an inequality caused by differences in knowledge or information. Is it that statutory members of RPBs are not aware of the dynamics that are at play due to varied knowledge and information? If they are aware, it could be that they do not consider it of sufficient importance to mention when reflecting upon equality within the partnership. ASC2 expressed some impatience with third sector members because of their lack of knowledge. They even admitted to patronising attitudes when relating to third sector partners, demonstrating how statutory organisations can conclude that they have a responsibility, even a right, to determine 'the' agenda:

[We] want [third sector] to be true partners, but when you're sitting around the table and the agenda is what it is. That's hard. ...They'll say something which creates more of a conversation because [they] don't necessarily understand - that does sound patronising.

5.5 A Numbers Game

In the early days of RPBs the membership consisted of certain ex-officio members, for example directors of social care and several representative members, for example third sector. However, neither the legislation nor its accompanying schedules and guidance dealt with the issue of equality of membership expressed via sectoral and organisational representation. The earlier analysis of RPB Terms of Reference and Area Plans (see sections 4.2 and 4.3) demonstrated that these matters were largely left to regional determination in RPBs themselves. This was

particularly a vexatious issue where greater numbers of organisations were included in an RPB region. All regions, except for Powys, consist of one health board, multiple local authorities and multiple third sector areas served by County Voluntary Councils. Where individual RPBs established Terms of Reference that were based on the number of organisations, this inevitably resulted in a greater number of local authority members of the partnership compared with HB members and other members. The experience of several interviewees was that this period for RPBs was difficult because Health Boards, particularly, felt that their voice and involvement in the RPB was not sufficiently equal when set alongside the greater number of voices from local authorities. ASC3 expressed this sense of inequality in these words:

Because of the size of our region, it makes the representation of local government quite unbalanced in terms of the other representation that is within that membership.

HB3 added to this from a different perspective (The use of the signifier 'N' is in place of the actual number quoted by the interviewee. The inclusion of the number could enable the identification of organisations or regions):

There was an equality imbalance in some of those discussions, but there are N little gangs and only one [Health Board]. And at one point there were only about three members from the health Board there. Everyone else was either another or local authority. That didn't feel very equal.

This numerical inequality caused fractious dynamics within RPBs during these early years. More than one interviewee had experience of serving as RPB chair or vice-chair (see section 3.6c). One such interviewee described these tensions:

Initially, there was a lot of jostling for positions. It felt like listening in some situations to people on a bit of a pitch for their own position or their own importance.

From a third sector perspective, the numerical imbalance has been even more pronounced. Even as Health Boards and Local Authorities took steps to redress any imbalance or inequity in the numbers of members of an RPB, no such considerations were given to third sector membership. The legislation and statutory guidance for RPBs do not limit the number of third sector people an RPB can include in its membership. However, they require at least two, one representing the interests of

the local third sector (this is invariably the chief officer of a county voluntary council within the region) and another representing the interests of national, third sector organisations. Arrangements for appointing the latter are determined by individual RPBs and there exists wide variation regarding how the national third sector membership is secured. Generally, RPBs have not sought to increase third sector members beyond the minimum requirement. Consequently, where an RPB includes several local authority and health board members from across a region, there will only be two third sector members who are expected to represent the whole sector and all interests in that region. TS interviewees expressed dissatisfaction and concern that this numerical weighting in favour of the statutory sector significantly weakened and marginalised the third sector's involvement in RPBs. Interviewee TS2 described this experience as follows:

Third sector has one seat in [region], followed by an independent person and a carers representative. ... It automatically wrong foots ourselves as third sector. Where you've got N counties, N Directors of Social Services and one third sector person, you're automatically outnumbered, potentially on a N to one ratio.

TS2 went on to explain that they had raised the issue of unequal third sector representation on the RPB and requested that this be partly redressed by the inclusion of one or more Health and Care officers from CVCs. This request was turned down, which caused frustration and annoyance, particularly when the number of members from local authorities and health boards was increased within this RPB and it was common practice to allow attendance by additional officers, councillors and board members from the local authority and health board.

In one region, whilst the numerical inequality existed, it was not seen as a source of inequality of influence or inequality of voice. In the main, this was due to the high degree of personal confidence the TS lead member had succeeded in developing within the RPB and the strong relationships of mutual and reciprocal respect they had nurtured. Whilst this is to the praiseworthy credit of the individual TS member, it cannot be concluded that such an individualistic and subjective experience offers a reliable and consistent mitigation to the risk of third sector inequality within RPBs due to a minority representation within the partnerships.

5.6 To RPB or not to RPB?

When contributing comments and describing experiences in relation to governance arrangements, participants offered observations regarding the worthwhileness of RPBs. It was made clear to interviewees that this is a phenomenological study seeking to describe the experience of RPB members during the first strategic period of RPBs in Wales. Therefore, it is not concerned with evaluating impact, assessing value for money or exploring the delivery of outcomes. Nonetheless interviewees were keen to describe their experience of whether the RPB initiative had been worthwhile. The concept of worthwhileness was not prescribed, and each interviewee was left to understand the term as they determined.

The findings as regards RPB worthwhileness were the most varied and diverse of all the findings in the entire study. Largely, participants concluded that RPBs had been worth it, hadn't been worth it or, as one ASC participant put it, were the 'least bad option'. The table below demonstrates the even spread of perspective among member interviewees and the stark contrast of RPB Leads' perspective:

Table 1: Worthwhileness of RPBs

Has the RPB been worth it?	Third Sector	Adult Social Care	Health	RPB Leads
Yes	✓	✓	✓	✓✓✓
No	✓	✓	✓	
Least Bad Option	✓	✓	✓	

Only a third of RPB members interviewed concluded that RPBs had been a good development. Two thirds of participants stated that their experience of RPB members had led them to conclude that RPBs were, at best, a least bad option. Even those that were convinced that RPBs were a good and positive initiative were not always convinced that the developments attributed to RPBs would not have taken place anyway. Interviewee TS3 explained it thus:

There are enough of us around the table that recognise we've done some good things together, whether that's because of the RPB or whether that would have happened anyway.

This was corroborated by a HB1:

[The RPB] has been the vehicle to bring partners together. I'm not saying it wouldn't have happened without it, but it would probably have been harder work. It has been a good vehicle to help everyone to focus on the health and well-being of the population. If the government decided to get rid of RPBs, we'd decide to carry on. ... We can't go back into our silos.

Several contributors commented on the ways in which their involvement in RPBs had been an experience of improvement and development. Relationships of trust, respect and mutual confidence had been built, albeit from a difficult and challenging starting point. One ASC interviewee acknowledged that the RPB had been responsible for both improving and damaging relationships.

The principal benefits of RPBs mentioned by participants included the reduction of duplication, the development of collaboration, the establishment of a shared, regional agenda, the avoidance of narrow, local perspectives and the strengthening of relationships.

It is important to note that none of the interviewees referenced outcomes for people as something that RPBs had improved or achieved. The benefits were exclusively service and organisation focused.

Participants were critical of RPBs for a number of reasons. It is difficult and unrealistic to plan for health and care services across large regions involving too many agencies. The purpose and remit of RPBs have become too comprehensive and have strayed from their original focus of integration. ASC1 commented:

When it first started the scope was fairly clear. Unfortunately, ... it started to become the one stop shop for anything and everything and not just social care and health. It feels as if we're further and further away from what was the original core purpose than when we first started. So I do wonder sometimes, if the form follows function, what is the purpose of the RPB and is it really delivering what it was originally intended to, or has it become a host of all sorts of things?

This was supported by ASC3:

Some of the problems we've got are because we're bedevilled by a form of governance which has been established before the function is clarified. We've got a form and we're trying to use the form for many functions.

RPBs have needed to use funding to maintain core services, so have not been able to fulfil the innovation and integration aspirations expected of them. Interviewees generally were of the view that they are very bureaucratic partnerships that need too much capacity to manage them due to disproportionately demanding requirements from Welsh Government.

A striking aspect is the different perspective of RPB Leads compared with those of RPB members. All Leads emphasised the positive and constructive progress that RPBs have made during this first period of their existence, and that RPBs have conclusively been a worthwhile and affirming initiative. This contrasts starkly with the more critical, even sceptical, experience of most RPB members. However, it is to be expected given that Leads are employed to manage and facilitate the work and business of the partnerships. It is their job to make them operate as effectively as possible. An admission of RPB failure or poor performance could reflect of the Leads' ability to enable and support the delivery and success of the partnership. Consequently, all Leads concluded that RPBs have been worthwhile. This is not surprising. It would be unusual for an officer to conclude that their role and work related to something that had little or no worth.

One RPB Lead, who had come into the role from another post within an RPB member organisation, was keen to point out that, before they began working as a RPB Lead, they had never heard of the RPB and did not know what it was or what it did. They were of the view that most staff members within local authorities, health boards and Welsh Government were completely ignorant of RPBs, and that, if worthwhileness of RPBs were measured against awareness they would score very poorly. They commented that there was a need to raise awareness within organisations and within the population generally.

Chapter 6: Findings – Markets, Managerialism and Control

6.1 Introduction

When considering issues related to markets, managerialism and control, interviewees framed their contributions around themes of power and their experience of how control operated within their RPBs. They were concerned with experiences of where power lies and how power is exerted, shared or brokered within partnership arrangements.

Although the language and rhetoric of partnership is used and partnerships, including RPBs, have expectations placed upon them as regards cooperation and collaboration, the literature review has demonstrated that power dynamics often result in certain partners controlling matters in ways that disempower other partners (see section 2.4b). Interviewees were invited to reflect on their experience about how decisions are made within the RPB and by whom?

As part of these conversations, participants took the opportunity to describe their specific experience of arrangements, relationships and circumstances that impact upon the operation of power and control. They spoke of rivalries within partnerships borne of deep-seated suspicion and competition between partners. They described how partners are included and excluded within decision-making processes and procedures. Other matters identified by interviewees related to how finances were managed and the tensions between regional and local priorities and accountabilities. There were also contributions that described ways in which RPBs are aware of these issues and are putting in place measures to nurture a partnership culture that empowers all members to participate fully.

6.2 Rivalry and Competition

All interviewees, without exception, referred to unhelpful and counter-productive rivalries and competition that exist between statutory agencies. This was particularly the case in the early months and years of RPBs. Although interviewees reported that the situation has improved over time, such rivalries still operate and have a detrimental impact upon the life and work of the RPB. These rivalries existed between local authorities and health boards. However, many interviewees observed

that the most difficult and detrimental rivalries existed between local authorities within an RPB region.

TS1 stated that the voice of their local authority was not sufficiently influential and was drowned out by larger and more powerful local authorities. In the same vein, another TS participant observed that “he [sic] who shouts the loudest gets what he wants” and “cheeky kids get sweets”, explaining that RPB dynamics would often be very noisy and very tricky. The role of the RPB was cited as being key in trying to manage the diplomacy needed to negotiate these sensitive power struggles.

Most comments regarding rivalries came from ASC and HB interviewees themselves. ASC1 described power alliances whereby local authorities with larger populations had a more influential role, thereby controlling smaller local authorities; or local authorities forming alliances with, for example, the health board in order to force through bilateral or majority decisions. However, it was also acknowledged that, whilst these power dynamics existed, it has been possible to manage the RPB in a way that all statutory agencies have succeeded in arriving at a negotiated consensus. ASC3 admitted that:

There have been times when there's been considerable tensions between the health board and the local authorities. They [health board] have found that quite difficult themselves, because the local authorities often have different views on how things should be.

The same interviewee described local authorities as “fiefdoms” each with their own “ways of working”, and multiple heads of service were “rowing their own boats”. They referred to behaviours of “divide and rule” whereby “certain officers within the health board were cosy up to certain local authorities”. However, the interviewee recognised the progress that had been made in building partnership and cooperation between local authorities and the health board within the RPB.

HB2 called into question the power motives of partners:

A number of those partners don't trust other in respect of why they're saying what they're saying. Where they are positioning themselves for the future, and therefore where resources will follow ... It's much more political with a small 'p' and vying for position. ... It's between the local authority sector and the health board and it's within local authority sector.

HB1 described scenarios in which the rivalries between local authorities were so acute that certain authorities would oppose other authorities simply because of their heightened sense of competition and power battles:

It was no secret in [region] that if [local authority A] and [local authority B] agreed to something [one or more other authorities] would disagree on principle, and you could put [together] any combination of those, and you would find that working.

HB3 described a similar experience of RPB organisations and members pulling in different directions to gain power and control. They stated that, “At times it felt like everyone is rowing and rowing in a different direction.” The impact of this competitive behaviour was manifold, particularly in relation to funding and the allocation of resources. HB3 described an experience of pooled budgets where a shared budget was established to meet the requirements of Welsh Government, but funding was immediately retracted and used separately:

We agreed a way forward ... which wasn't really pooled budgets. We put money in and within minutes it went back out to the sources.

HB1 highlights the distinctive rivalries between local authorities that prevented and impeded cooperation in a way that is occasionally possible between local authorities and health boards:

There was always trust to do it between, so for instance, on pooled budgets, a Council willing to do a pooled budget with the health board, but what they didn't want to do is pool with the other local authorities.

The same interviewee described the managing of the partnership as “herding cats”. Several participants referred to the possible or threatened rationalisation of local authorities in Wales (see section 7.7) as part of the reason why they felt it difficult to work together. Each was wanting to secure its position and not give the impression that it was willing to be under the control or management of another.

RPB Leads also acknowledged that there existed a significant amount of self-interest among RPB members, whereby every member agrees to collaborate on the understanding that their agency, their locality and their population receive an equitable slice of the RPB cake. They referenced the fact that few RPBs have

agreed to delegate functions to the RPB, and it remains very difficult to establish and manage pooled budgets. L2 stated that:

[RPB members] work well together, but at the end of the day, they're also protecting their own organisation and making sure that their service users in their particular area are getting the most out of the RPB as well.

6.3 Who should make decisions?

There was evident divergence in opinion and experience as to who should make decisions, who should make what decisions, which members were not authorised to make decisions and should not expect to be decision-makers.

ASC interviewees were clear that RPBs were not arenas in which decisions can be made by the partnership on behalf of individual organisations. Statutory sector interviewees referred to the fact that RPBs are not legal entities or constituted organisations and, therefore, cannot be expected to operate as such. ASC1 commented:

It's not a body that can employ people. It's not an entity in itself. I think that some of the narrative then becomes problematic because people are talking about it as though it's an organisation rather than a way that we come together to make collective decisions.

This observation was developed further by ASC2 who criticised Welsh Government for expecting RPBs to deliver coproduction via an un-constituted, albeit statutorily required, partnership. However, they did state that it is reasonable and acceptable to consider RPBs as arenas within which partners could shape and influence commissioning strategy and other coproduction matters. The interviewee went on to state that:

With the best will in the world, [the County Voluntary Council] don't have the accountabilities that I have.

ASC1 referred to the grant conditions often attached to funding streams that require that funding decisions be agreed by the RPB. They questioned the meaning of 'agreed by' and stated that, whatever it is, it cannot mean a simple majority vote. They described the decision-making context as:

An agreement between the statutory agencies. It's a place where the statutory agencies come together with some stakeholder partners, but ultimately, it's where we exercise our delegated authority.

They went on to explicitly state that decision-making within the RPB is not and should not be democratic.

This is not a democracy. On most of the thorny issues, this is not a vote at the RPB, which if it's won 8 to 7, then it gets passed and if it's reversed, it doesn't.

In the view of this ASC interviewee, this is not an ideal or optimum way of operating, but it has been made to work despite the barriers:

What that produces is a tiering of the regional partnership as a kind of certifying, loose authorising environment, and you have the statutory agencies having to reach formal agreement about things before. In that sense, it's pretty flawed, but it's functional.

Rather than considering the RPB as a decision-making body, they argued it should be seen as a forum that takes counsel together to influence strategic planning and the evaluation of service delivery. This perspective on decision-makers was shared by other ASC interviewees. ASC3 commented that control lay firmly and squarely with the health board and local authorities because of their statutory responsibilities. Other RPB partners, such as third sector members, were spoken about as members that requested certain decisions be made, or suggested that certain actions be taken, rather than members that had a share in making the decisions or taking the actions. ASC3 reinforced this experience by referring to the difference in membership between members. They explain that:

Within the legislative framework, it is not within the gift of the members of the Regional Partnership Board to make decisions on those matters. They may have an opinion, and it's important that that opinion and the views are sought. But ultimately, the decision to be taken, and then the responsibility of what that decision is, does not fit equally around the table and it won't because of the fundamental fiduciary duties, legislative frameworks of health and social care and other partners.

HB interviewees shared the view that statutory responsibilities needed to be taken seriously and that these could neither be ignored nor dismissed. However, they were

more welcoming of non-statutory members' involvement in decision-making, often referring to it as a refreshing and a helpful counterbalance within the partnership. HB1 described this in this way:

Having that quiet, independent, enabling view helps again in that room.

HB2 understood that Welsh Government is very clear in its view that RPBs are decision-making boards, but that RPBs had operated in ways that had undermined this because statutory members could not or would not accept that non-statutory RPB members had decision-making responsibilities and authorisations.

The third sector experience in relation to decision-makers contrasted starkly with that of the statutory sector perspective. Generally, TS interviewees saw RPBs as decision-making bodies. TS2 stated:

My understanding of the formation of the RPB and the legislation was that this is an autonomous statutory body, and therefore, the sign off, really is at that level.

They saw themselves as full and equal members of RPBs, therefore full decision-makers alongside other RPB members. TS3 argued that RPBs should be based on the principle that a third sector voice is equal to any other voice within the process:

Irrespective of whether I'm there as a representative from the third sector, or from a statutory point of view, I carry the same weight on my shoulders as whether it be a local authority Director of Social Services, because everybody in that partnership has actually got, on paper, an equal responsibility. It's collective governance.

TS1 stated that, theoretically, it should be possible for the non-statutory members to take forward decisions, should their voices be in the majority:

If the third sector, the independent, the carers and whoever got together, we could actually veto something.

A different perspective was offered by TS1 who, despite sharing the view that RPBs are decision-making bodies and that each member carries equal decision-making responsibility, nonetheless felt uncomfortable about participating in decisions that had budget implications for other organisations. Where local authority and health funds were intertwined with RPB funded activity, the TS interviewee felt that they

should not seek to override or challenge the decision-making responsibilities of those bodies:

If they ask is it OK to carry on with this project and you say, Yeah, yeah, that's fine. But then I'm agreeing to something that actually I'm not funding any part of. So should I really be involved in this conversation? ... it's not my money, and local authorities may not actually be able to afford to keep that going.

6.4 Who does make decisions?

Contributors described their experience, not only of who should make decisions, but also of the key players and processes within decision-making. They shared observations and perspectives on who made decisions and who were excluded from decision-making.

As might be expected, those interviewees, primarily ASC participants, that did not regard the RPB as a body that could or should make decisions, equally described experiences of ensuring that decisions were made by those responsible bodies and individuals. As has been seen when considering terms of reference and area plans (see sections 4.2 and 4.3), the governance arrangements of all RPBs contained a sub-group that consisted mainly or exclusively of statutory members. The experience of all interviewees, without exception, was that these subgroups were the *de facto* decision-making groups. The members of the subgroups were the key decision-makers within the RPB. ASC2 described these meetings as a “pre-meet” in which statutory officers would “iron out” any issues in order that they could present recommendations to the RPB with a unified voice. ASC1 agreed that “More often than not decisions and discussions are happening and sit outside of the Regional Partnership Board.” HB3 described their experience of the decision-making power of these sub-groups as follows:

There is a [subgroup] structure in place in [region]. That's mainly directors of social services and [health board] directors. That's been quite a closed club. It serves the RPB, but that's where much of the real business gets done and the RPB becomes the gloss for some of those discussions that happen alongside it.

These types of governance arrangements were generally seen as necessary by ASC interviewees. HB interviewees expressed some disquiet that the authority and ultimate responsibility of the RPB was, at best, weakened and, at worst, undermined by a group that seemed to exercise greater and superior decision-making authority than the partnership. HB3 expressed great frustration and said that their main priority as a member of the RPB was to try to break the hierarchy between the RPB and its sub-group:

Welsh Government were very clear. We are not there to report to the [subgroup]. We are the board in itself. But in [region] local authorities had stitched it in every picture that there was a line to the [subgroup]. For N years of my life I turned a solid line into a dotted line because I can't get away from the fact that those cabinet members linked to a leader and that is the powerhouse in [region] ... I certainly tried to unstitch the two where I could.

All but one of the member interviewees described the RPB as a rubber-stamping mechanism. ASC2 did not regard the RPB as a body that simply rubber-stamped decisions, nonetheless, they agreed that the work of decision-making happened outside the RPB itself. Interviewees' experience was not that RPBs make decisions, but that they sign off recommendations that have been developed within the governance arrangements established by the RPBs. The experience of RPBs as a rubber-stamping partnership was generally welcomed by ASC members, tolerated by HB members, and a cause of frustration and disappointment to TS members. TS2 described their experience thus:

At times it does feel that the RPB is a rubber stamping for things that have gone on in other places. It does actually raise the fundamental question of is the RPB just a receiver of information, or is it a debating place for the information that needs to be potentially discussed?

They went on to criticise the lack of transparency associated with sub-groups, together with the disconnect between the sub-group and the RPB:

They are groups that don't publish minutes. They don't publish agendas, and they don't have any third sector engagement.

A slightly different tone was set by TS3 who, despite agreeing that the RPB was a rubber-stamping mechanism, did not express frustration because they were included in the groups and discussions where decisions were made and taken:

I don't think that decision-making ... is made at our RPB meetings, that happens elsewhere in the system, and I feel very privileged to have had the chance to be part of those other structures, ... the breadth of what we have to consider as an RPB, it tends to be a presentation of reports, positions, rather than a decision-making space.

TS1 reinforced this sense of frustration at rubber stamping in these words:

The RPB is a bit of a rubber stamp. ... a lot of those papers go to the [subgroup], who will take them to the RPB. And you know it's going to get signed off.

RPB Leads emphasised the importance of appreciating the whole structure of RPBs. They stated it would be a mistake to regard the RPB as one group of people in one board. Rather, the RPB is an infrastructure of inter-dependent elements. Involvement in the RPB is diverse because individuals and organisations participate in different ways at different levels. All were agreed that the substantial work was carried out in the sub-structure of RPBs. They also appreciated that this gives rise to a perception of rubber-stamping, although, unlike members' experiences, Leads sought to defend and justify this way of working on the grounds that RPBs needed operational matters to be resolved before recommendations could be presented to RPBs. Leads agreed that, in some cases, only statutory partners were included in the sub-groups that developed recommendations for RPB consideration, thereby relegating third sector and other RPB members to decision-making stakeholders or ratifiers, rather than decision-makers.

All Leads agreed that responsibility and accountability ultimately lie with the statutory agencies. Even in the RPBs that have included non-statutory members in decision-making governance arrangements, they acknowledged that local authorities and health boards, because of their statutory responsibilities, hold the reins and determine what does and doesn't get agreed. This approach and perspective related to the sovereignty of organisations and, especially local authorities and health boards. It became clear in all interviews that there exists a diverse approach

regarding the extent to which RPB members operated with delegated authority, or whether ultimate decisions needed to be referred to sovereign bodies. This reflects the analysis of RPB ToR (see section 4.2). In the latter scenario RPBs were not able to consider anything a decision until it had been agreed by the responsible person(s) or groups within separate, sovereign bodies. HB3 interviewee described their experience as follows:

If it comes to finances of anything in any decent sum or in terms of big decisions, they all go back to the sovereign bodies. There isn't that delegated piece in my mind. The [sub group] is the only place, and even then people will trudge away to their organisations to check in.

HB1 corroborated this experience, and added:

I was part of the sign off arrangements in the health board which was developed by representatives from health and local authorities. ... It became more important that the bids were all signed-off by the statutory bodies.

TS1 described an experience where there existed a difference between how the local authorities operated and how the health board operated. The inclusion of cabinet members in RPB members and the attendance of cabinet members at RPB meetings meant that decisions could be taken because the ultimate decision-makers were present. However, this was not the case for the health board because no board members were included in the RPB membership:

There's no board members from health present at an RPB. So, you're going to think, well local authorities have got their dual accountabilities, and they've got their sign off mechanism covered by a lead member, but it doesn't apply to health.

There are also examples of delegated authorisation being granted to the sub-group but not to the RPB itself. Experiences were described where there was a diversity of authorisation even within the same RPB. One ASC interviewee complained that their colleagues from different local authorities were not able to operate with the same level of decision-making authorisation as they were, and that this inconsistency among local authorities caused confusion and impeded progress.

TS2 described an experience of optimism bias that, in their view, undermined the integrity of the RPB. This related to instances where information had been softened

or sanitised because there was fear of those that wielded power, and of reprisals should the report contain information that would upset or displease cabinet members:

People who are in the sort of third [or] fourth tier management will turn around and say that they produce a report using their professional knowledge. But by the time it's got to the Council Executive or to the top tier management, it's been amended. So anything that's bad in there is cut out ... you can't take a problem to the Minister. Whatever you do you keep the problems off the ministerial desk!

In a similar vein, ASC2 described an experience of a HB colleague being fearful of reprisals:

I used to work very closely with someone that worked for health. ... She would say to me: you raise it because I daren't. [Health Board] are a very hierarchical organisation. It literally is command and control.

Several interviewees were keen to point out that, despite all the difficulties and problems, the development of shared plans had helped to shift the focus from who makes decisions about specific funding allocations, to what should be funded. The shared plans set out agreed priorities and objectives that determine how money is spent and resources utilised. HB1 commented:

Local authority members raised questions about how, for example, this is being started in [county] and nothing is being allocated to [county]. This is what has led to our agreeing the [shared plan]. We have a new arrangement now which clarifies the roles of the statutory partners, which really reinforces what was going on before. We do need an agreed set of objectives and outcomes. We now need to decide what is legitimate for the RPB and what needs to be outside it.

The same interviewee voiced strong criticism of Welsh Government and stated that their experience was that Welsh Government often hindered good governance, rather than facilitated it:

It's important that we are clear about accountabilities. Welsh Government isn't very good at governance. They struggle to understand how governance structures work.

6.5 Regional vs Local

Many statutory organisations, and local authorities in particular, did not welcome the establishment of RPBs. Some interviewees described how they attended RPBs initially with great reluctance, even resentment. For some, those feelings and sentiments remained.

One of the principal sources of disquiet was the fact that operating at a regional level was felt to detract from and dilute the importance of a local focus. Decision-making at a regional level took power and control away from local partners where, according to some interviewees, it should properly be placed.

The larger and more diverse the region, the more these feelings of reluctance to subsume local decision-making into regional arrangements and resentment of the expectations to do so came to the fore. ASC interviewees felt strongly that large, multi-agency regions cannot and should not make decisions that are properly the responsibility of local authorities alongside local partners. This perspective was articulated by HB3 thus:

While everybody wants to be seen to be partnership playing, the truth is not everyone wants to be playing at a regional level because regional is often seen as too big ... People have struggled as a region to see a destination because they don't want the RPB.

ASC3 described their perspective:

RPB feels like it's top down when actually it should be bottom up and local decisions made at a local level by local people, addressing those local priorities.

They go on to explain that the context between local authority areas varies so much that a regional partnership cannot possibly know what decisions are best for specific towns, villages and areas:

A strategic board should set the strategic principles that should be followed, so the actual detail of the project in [town] and the detail of how much is being spent shouldn't really be touching the RPB's agenda.

This tension between local and regional decision-making was exacerbated by participants' understanding of their decision-making remit. Local authority

interviewees expressed discomfort with the notion that they could make decisions in respect of an area for which they held no responsibility. Such a perspective was occasionally articulated in more parochial terms, as described by HB3:

The officer from one county actually said in the meeting: I'm here for [local authority], I'm not here for the region. I'm not paid for the region. I'm here for [local authority]. ... And when you hear that said and it wasn't once, it was a fair few times, you've got to wonder about the regional infrastructure.

6.6 Lead Responsibilities

Taking on lead responsibilities helped to include the third sector in making decisions and, consequently, in sharing power and control. Typically, this was in the area of community resourcefulness and resilience, often with a focus on volunteers and volunteering. The global pandemic had demonstrated that communities and the third sector played a vital and key role in supporting individuals and households through the many months of restrictions. Arguably, this experience had helped statutory sector agencies and services appreciate the front-line significance of third sector provision.

This increased confidence in the third sector's ability to be part of the solution emboldened statutory sector members of RPBs to entrust the third sector with aspects of service provision and, therefore, with decision-making power alongside statutory sector partners. TS3 described their experience of this sharing of power:

Increasingly, I think we are sharing some of that power. Because, again, we're leading on some of the work around communities, preventions and early intervention. We will be leading on prevention, early intervention, moving into the next round of funding, and that's a huge space. And we have a great deal of influence over that agenda.

TS1 echoed this experience:

We lead on four areas, one of them we co-share. ... we have a number of partners who sit around the table to deal with volunteering and improving volunteering and well-being within [region]. And I can see where that overall agenda goes. I know where we're going on that. And I do feel like an equal partner.

Leads were also convinced that the COVID affect had accelerated the strength of partnership and collaboration among RPB partners. Suddenly agencies and sectors found themselves in a 'needs must' situation where they needed each other to ensure that people and communities were supported and cared for in the best way possible. Perceived barriers disappeared and progress was made in ways that would have been unimaginable before the onset of the pandemic. Leads' descriptions of their experience included those of L3:

People would show a degree of vulnerability. Supremely that came into its own in the COVID response because there was a level of trust. We had to do things then and there wasn't any time for arguing about it and everyone had to step up to the plate and do it.

and L2:

The emergency and urgent situation that we found ourselves in, particularly within that first wave, it was all hands to the pump. It didn't matter which organisation you sat in, we were all together in it and trying to empty hospitals and working together.

However, one Lead saw signs of reversion to pre-COVID approaches and behaviours, which could risk reversing much of the progress made during recent years. Such behaviours included disagreements over who should be in control, who is accountable and who funds various activities.

While the sharing of power and control via leading on certain aspects of service delivery seems, *prima facie*, a development that could strengthen and develop partnership, the sentiment frequently expressed by statutory sector interviewees was one of lending or extending power and control on a grace and favour basis. This sentiment was heard in some of the language used by ASC interviewees such as ASC2:

We've been very clear that we needed to involve them [third sector], that we needed to make sure they got some of the ICF monies and try and work with them. But it's not as good as it should be – not nearly!

HB2 was very open about the possible motivations behind sharing lead responsibilities with the third sector:

The feeling, I think, is that if we give them a bit of money and we have them at the table and we let them speak, then that is US offering equity.

There is a very small number of examples where TS members have served as RPB officers, such as chair or vice-chair. In these instances, there is a higher sense of sharing power and control. Interviewees were clear that such situations often arise, not because of a policy context in which TS members enjoy as much access to such roles as statutory RPB members, but because individual TS members have gained the respect, trust and confidence of their RPB.

6.7 Empowering culture?

The extent to which non-statutory sector members of the RPB were able to engage with the business of the meeting varied hugely. This was often because some third sector, carer and service user members were not immersed in the board and partnership culture, compared with health and social care members. Such a situation resulted in the empowering of certain RPB members and the disempowering of others.

Some interviewees described experiences that have proactively taken steps to redress the power and control balance. For example, TS3 described how changes were made to the way in which papers were written and presented to ensure they were accessible to and comprehensible by all members, irrespective of experience and knowledge. These changes were informed and overseen by non-statutory sector members. In addition, sessions were held with non-statutory members before each meeting of the RPB to deal with any issues of clarity that were helpful or needed. The RPB went even further to ensure the inclusion and involvement of all its members by introducing a card system. All members were given red, amber and green cards. Should any member wish to slow down the discussion, seek clarification or request further information, they raised their card, and the discussion was suspended to deal with the specific request for support or further explanation. This enabled all members to participate in the meeting at an inclusive pace.

L3's experience of third sector members was that they found it difficult to engage with RPB business and needed support and help to fully understand the content and scope of the work and participate in the RPB discussions.

We have taken steps over the last few months to put in things like pre meetings with the third sector to try and have those discussions outside of the meeting so that they might feel more confident to be able to contribute in the RPB. But there's still a lot of work that needs to be done.

The same Lead also commented that remote working had further impeded third sector participation because TS members were not sufficiently confident in virtual meetings. It was explained that TS colleagues lacked confidence in the use of digital technology and felt more ill at ease when contributing to meetings held online.

6.8 Follow the Money

The phrase 'Follow the Money' refers to the assertion that reality can be exposed, and truth brought to light by examining what happens to money within different contexts and environments. All interviewees referred to money when describing their experience of power and control in RPBs. The inference was that, if one wishes to analyse where power and control lie within RPBs, an illuminating way of doing this is to explore how funds are allocated, to whom and/or what they are allocated for.

RPB Leads were agreed that money and funding were a central and motivating factor within RPBs. L3 went so far as to state that "if funding wasn't there, then [RPB members] wouldn't engage with it as well as they have done." L1 identified funding as both an enabler and a disabler of partnership. It brought people together and obliged them to work together. However, the frequent, short-term, last-minute funding streams meant that partners were often robbed of the opportunity to operate collectively in an optimum way:

[The RPB] tends to be reactive in nature, which I think is another disabling thing, so we've got another £1m for winter funding, and we've got two weeks to get a bid together. Well, you're never going to have the best process, or the best thought through thing doing that.

TS interviewees expressed general disappointment and frustration that funding available to RPBs was mainly allocated to statutory agencies and, where funding was allocated to the third sector, there were barriers and requirements that were not applied to statutory sector members. TS2 commented thus:

There seems to be wide variation across counties over how much involvement third sector have got in ICF. At a local level, we don't have a single penny coming into [county] at all. Two small organisations get a very tiny amount.

This experience was echoed in the comments of HB1:

While local authorities can see that the RPB has brought the money to do different things, not much of that money has changed direction, so it's still gone to the statutory bodies, the health and the local authorities. I don't think the CVCs have really benefited from it hugely.

TS1 added to this experience by describing instances where funding allocated to the third sector based on what's left over when statutory sector priorities are met, or when there is underspend that needs to be allocated in order to defray the expenditure within the required timeframe:

It always seems to be that everything is done first, and then it's, "Well, we've got this money left. What else can we do?" And that's not necessarily then a partnership for me.

This perspective was inversely shared by ASC2:

There was [a third sector colleague] that used to say to me, "When are we going to get our share of the money?" as if you're going to write a cheque. And I'd say, "When you put in a bid that meets the strategic objectives of this partnership." We're not about just funding things for the sake of it.

ASC3 agreed that allocating money for third sector activity had been done to 'tick boxes'. However, they also went on to say that funding proposals in their local authority area had been developed in partnership with third sector and private sector providers. The use of language here is important. By referring to providers, the emphasis is on those commissioned organisations that can help to deliver services on behalf of a local authority or health board, or services that support the business of a local authority or health board. It does not refer to the wider third sector.

HB3 explained their experience of third sector disappointment and frustration as regards funding decisions. However, they questioned the motives of third sector members as being only interested in the money:

They [third sector] weren't getting their voice across. We weren't listening, and even when we listened, we'd be criticised for still not giving them money, which, for a lot of people, the reason that they wanted to be at the RPB was that they felt they had a chance to get a bit of the money.

Within the experiences described by other participants, there were echoes of this criticism of the third sector as being too focused on funding and too locked into a way of thinking and working that gives primacy to funding. HB2 described it in this way:

[The third sector] still defines itself as having to get out the begging bowl when actually what the third sector is doing is offering a valuable service that you can buy at a very reasonable rate, but you can buy it. I think it's that shift, because you certainly wouldn't have the private sector coming to a meeting and saying that.

As Welsh Government refreshed its guidance on the allocation of ICF revenue funding, based on the feedback from third sector members, it introduced a new requirement that at least 20% of the funding had to be allocated to the third sector or social value sector. Whilst this was welcomed by TS interviewees, it was not as clear-cut or straightforward as it may appear. For example, if a CVC were asked to take the lead on developing a project or service, this was identified as part of the 20% allocation. Some TS interviewees argued that the 20% should only apply to funding allocated to a project or service, and not for the programme or project management that develops the service. By way of illustration, ICF is used to fund a variety of community connector or social prescribing services. Many of these are located with CVCs or other third sector organisations. However, some are provided by local authorities. Where the service is delivered within the third sector, the allocated funding is included within the 20% calculation. Where the service is provided within a local authority, it is not included in the calculation. This begs the question as to whether such a service is or isn't a third sector service. The locus of the services appears arbitrary.

Chapter 7: Findings – Partnership and Trust

7.1 Introduction

Within the considerations of partnership and the operation of partnerships interviewees shared their experiences of trust within RPBs. All participants shared the conviction that a fundamental enabler of any partnership is the quality of relationships that partnership members succeed in fostering. Effective relationships were considered not simply advantageous or beneficial, but an essential dimension of all effective and productive partnerships.

Notwithstanding that participants' experiences led them to diverging conclusions about the purpose and nature of partnership relationships, all referenced the concept of trust and described how the health and effectiveness of a partnership is contingent, to a large degree, on the extent to which members can trust each other and co-produce a culture of trust.

RPB Leads were certain that trust relationships in RPBs had strengthened over the span of the partnership, resulting in improved collaboration. Different Leads described their experience in different ways:

Most rewarding was a genuine growth in openness, transparency, willingness to have difficult conversations between partners. (L2)

We're not in some sort of panacea or anywhere near it. We're closer to that than we were. (L1)

The experience would be that the trust and transparency we have now has allowed for those relationships to go forward. We're in a very, very positive place now as a regional partnership board. (L3)

Despite Leads' optimistic outlook, all were keen to state the RPB journey had been full of challenges, problems and difficulties, many of which were still being experienced and some of which were due to the structure of RPBs. L1 explained that they had experienced, "a fascinating and unique insight into a live development of partnership working and everything that entails: the good, the bad, the ugly, the maturing of trust, the shifting along in terms of willingness to share information, but resources is another issue."

Unlike the principle of equality, no interviewee challenged the nature or meaning of trust. It is not known why there was a lack of semantic scrutiny for this concept as compared with the concept of equality. It could be that interviewees felt that issues of equality had a more immediate impact upon their sector, organisation or role, whereas trust was experienced as something whose impact was more indirect, even peripheral or optional. It was left to each participant to apply their own interpretation of the concept to their experience. Whilst this is valid in that an individual's interpretation of trust determines their subjective experience of the phenomenon, it would have been useful had the participants been invited to clarify their understanding of the concept in order to determine the level of convergence or divergence in interpretation between contributors. Within this study the understanding of trust that emerged from participants' contributions was very generic. It was reminiscent of how Kaplan *et al* (2020) sought to unify the various concepts and definitions of trust and concluded that all definitions include a person or persons in a situation of vulnerability (the trustor) and a person or persons on whom they rely (the trusted). On this basis trust relationships would permit the acceptance of information relevance and validity without the need for corroboration, evidence or investigation. They would also display a high degree of confidence in another's reliability and competence. In addition, they would be able to presume a motivation for action that would not knowingly or wittingly cause damage to the trustor.

The extent to which participants experienced this kind of trust, or lack thereof, within RPBs was described vividly within the interviews.

7.2 Relationships are key

An observation and reflection shared by participants from all sectors and organisations was that trust is a relational characteristic that develops and grows over time. It is not something that can be assumed, nor is it something that is a *de facto* product of Terms of Reference or governance arrangements. Consequently, for relationships of trust to be given the opportunity to flourish, RPB members need prolonged periods of time to develop interpersonal confidence and build mutually reliable and reciprocal experiences of trustworthy collaboration. Interviewees felt that

this need for time and consistency was not always fully appreciated by Welsh Government, as expressed by HB1:

Welsh Government has a tendency to say, we'll bring all these people together, and they'll all get on and work together and it'll be all great. And that doesn't happen. You have to build relationships. You have to be clear about roles. You have to be clear about your aims, and have shared objectives, so everybody's on board with what we're trying to achieve.

Where RPBs experienced frequent and regular changes in personnel, trust was described as illusive, aspirational and weak. Whereas, in RPBs that experienced a stability of membership over significant periods of time, trust was experienced as achievable, realistic and a constructive, positive journey. TS3, whose RPB membership hadn't experienced great levels of flux described their experience thus:

There are fairly high levels of trust. The partnership has certainly matured over the years. It's probably because there hasn't been huge change in the representatives around the table. We've been pretty stable over the years.

This view was corroborated by interviewees from adult social care and health boards. ASC1 articulated their experience as follows:

It is about relationships and it is about relationships with individual people and it works or doesn't. Continuity is massively important. It's really difficult when people chop and change. Because it's a long haul to get to a point where you're confident and that trust issue is there.

However, TS3 also voiced a note of caution in that long-standing relationships between RPB members can result in a complacency built on cosy arrangements that undermine and prevent the level of mutual and reciprocal scrutiny needed within an effective partnership:

I think there's almost too much trust. You know, we're not questioning. I don't think we're as challenging as we should be. The RPB should be the space where we challenge what we're doing, the way we're spending money and what we're doing together as partners.

Other interviewees commented on the impact of work patterns on trust. Specific mention was made of how it has been more difficult to nurture trust-based

relationships since early 2020 when everyone began to work remotely and meet via online video conference platforms. TS2 referred to the fact that they did not get opportunity for informal chats around meetings. A new Director of Social Services had been appointed during the COVID19 period whom they had not met face-to-face and, as a result, did not feel that a working relationship was being built as substantially as would have been the case before the onset of the pandemic. However, a different perspective was offered by other interviewees, whose experiences had given them confidence that the pandemic had forced people to work together in a way that had built trust and that this would not have happened had it not been for the demands of the COVID emergency. HB2 quoted a leader of a local authority as saying: "I didn't really trust the health board before this, but actually they're not so bad, now I've got to know them." Specific examples were given by ASC and HB interviewees of how certain institutional arrangements had affected trust. The behaviours of statutory agencies had changed so that it was now common practice to cooperate on strategy, plans and delivery to bring about greater effectiveness and efficiency, rather than this being something that was exceptional.

TS1 spoke about issues of legitimacy and trust between the statutory and third sectors. Their analysis was that this was historic in nature, going back many years and that it was fuelled by an ignorance of the third sector by the statutory sector. However, the contributor offered a glimmer of hope in that the third sector's contribution during the pandemic had improved mutual understanding and respect and had begun to repair long-standing suspicion and unfounded assumptions.

Some interviewees reflected on the level of trust that was invested in RPBs themselves. It was assumed that the response to the challenges of the pandemic would have been driven forward by the RPBs, thereby ensuring a multi-agency and multi-sector collaboration. However, in some areas the response was managed via command groups: Gold, Silver and Bronze. TS3 interpreted this bypassing of the RPB as a lack of trust in the RPB to respond effectively:

The RPB executive group continued to meet [during COVID], but the RPB didn't, PSBs didn't. We were looking at various gold commands and different commands across the region. So we didn't have trust in the partnership structures that we already had to make some of that work.

In a more tangential and indirect manner, HB1 described an experience where COVID response cooperation was taken outside the RPB structures:

When COVID first hit ... our chair started regular meetings with the leaders and local authority. The chief executive of the health board had regular meetings with the chief executives of local authorities - weekly, sometimes more frequently than that. And basically, this was about we're in this together.

7.3 Actions Speak Louder than Words

Interviewees described experiences whereby trust had been affected by the actions of individuals and organisations. In the main, these experiences were negative in nature where an organisation or an individual had taken a decision or done something that had damaged the trust relationship with others. If it is true that actions can damage trust, the corollary can be assumed, that actions also build and strengthen trust albeit that one action can easily destroy trust whereas it makes many, cumulative actions to build trust. These experiences described by contributors speak powerfully to the fact that rhetoric and documents are not sufficient in themselves when seeking to develop an effective partnership. The words and documents need to be supported and underpinned by actions and behaviours that create an integrity between what is said and what is done.

TS1 still felt hurt as they described their experience of decisions being taken to remove funding from a third sector organisation and reallocate it to a statutory agency. The action was taken without any discussion with the organisation or with the TS representatives on the RPB. The first the TS representatives knew of this was in a report to the RPB when it was too late to influence matters. Similarly, ASC interviewees described instances where health boards, who manage RPB finances, had taken funding decisions without due regard for the role of the partnership and, in particular, ASC partners. ASC2 described a specific experience:

In the early days we found out that the Health Board had moved some money, which wasn't in their gift to do but they'd done it and that caused absolute ructions, but in a way it was quite cathartic because we had this almighty row ... So that really did cause a major fracture in the relationship.

The interviewee went on to explain that, despite this being a difficult and bruising experience for all concerned, it opened the door to candid and frank discussions that, over time, helped to begin rebuilding trust between partners.

ASC1 described a similar experience:

There were levels of distrust and then we have unfortunately had some examples through the journey of the RPB where partnership monies have come in and one partner has made a unilateral decision without engagement and discussion, which then puts you right back to one step forward, 10 steps back. There have been a number of run-ins over the years.

7.4 Quid Pro Quo?

Expectations of trust are shaped and determined by the nature of the relationship and the expectations placed on the relationship. Participants that had a clear understanding of the nature and purpose of RPB relationships were able to better articulate their expectations of the type of trust they thought should characterise that relationship. Such participants were, therefore, able to evaluate the extent to which they thought that the relationships between members of their RPBs had lived up to expectations, or not.

ASC interviewees were generally clear that they regarded RPB relationships as mainly transactional. This was based on an understanding of the purpose of the RPB as a mechanism for negotiating decisions, principally about the allocation of resources. ASC1 described it in these words:

I would define [the RPB] as a place where different partner agencies and stakeholders come together to collaborate.

Based on this understanding of the purpose of a RPB, they went on to describe the nature of RPB relationships:

In a partnership ... the relationships at work are, at their heart, transactional and a transactional relationship means both parties have to get something out of it. That can be kudos - it can be straightforward. If I help you on this one, will you help me on another on another thing.

This was developed further when the same participant added:

What's worked for me over a long period of time is the 'What's in it for me?' scenario. And where it breaks down is if someone continually takes out without putting back into that notion or trade off.

It is noteworthy that several interviewees used marriage as an analogy to describe RPB relationships. However, here again, this tended to focus on the transactional side of such relationships. For example, ASC3 described the RPB in these terms:

It's that interface with health and social care and the wider partners around the RPB almost feel as if they're kind of guests at your wedding. And this is about the bride and groom having to sort it out in quiet.

On occasions, this strayed into the territory of mutual conspiracy. ASC1 stated that trust within RPBs is, in part, about not calling others to account when things go wrong, in order that they, in return, will not make you accountable for your failings. They likened this to a relationship between spouses where each spouse chooses to live with the failings of the other on the understanding that a reciprocal acceptance of shortcomings results in relational compromise that builds trust.

Other interviewees emphasised that RPB members had increasingly seen themselves as part of a whole system, and this had helped to build mutuality because there was an increasing concentration on the common and public good, rather than the interests of individual members or organisations. ASC2 commented:

You've got to be prepared to not just be focused on your own agenda. I always talk about whole system ... Some people just don't get that that. They're there just to represent their organisation and actually no - we are talking about a whole system approach.

This whole system approach was generally articulated by HB interviewees when referring to the type of relationships they expected to experience within RPBs. They were looking for contributions and behaviours from members that put people at the centre. However, HB contributors readily acknowledged that rivalries and self-interests sometimes thwarted trust within these types of relationships, and that these had been manifest within health boards as well as within local authorities and others.

TS participants were less clear about their expectations as regards RPB relationships. They described their experiences as being often in the position of poorer and weaker relations, and they didn't have high hopes that RPBs would

significantly improve their roles and responsibilities in this regard. This pointed to an institutional aspect to RPBs in that the partnership arrangements were understood by TS contributors to disadvantage or limit their position and influence within the partnership. There was a small number of instances where TS interviewees described relationships as having grown in trust. However, unlike statutory sector interviewees, TS interviewees expressed surprise and gratitude for such relationships of trust, which reinforced a subordination and subservience within the set of RPB relationships.

7.5 Competence and Credibility

Participants from all sectors referred to the level of confidence members had in each other's capability and competence as an important hallmark of trust. Where this was low, it was described as having no or little trust and, where this was high, it was concluded that there existed a high level of trust.

TS interviewees explained that they had not been able to start from a position of competence-based trust. They described their experience as beginning from a position where statutory partners could not, or would not, assume or presume that TS partners had an adequate level of professionalism and competence for them to be trusted safely. However, this contrasted starkly with a perceived, mutual assumption between local authorities and health boards that they could be sufficiently confident in each other's competence. More specifically, TS interviewees stated that local authorities and health boards had not been subject to the same funding application processes as those imposed upon TS members. TS2 put it in these words:

I've had to prove myself as being a knowledgeable person on certain topics, in the meetings outside of the RPB. And I think, once I'd got over that hurdle, they were then prepared to listen.

TS1 described in detail examples where this lack of trust in third sector competence has proved frustrating and debilitating. One example concerned a grant scheme for the third sector which had been agreed, promoted and implemented. However, its progress was thwarted because every step and detail of the process had to be approved by a committee consisting exclusively of statutory sector personnel. This took many months to arrange and to authorise the decisions taken by TS partners,

which meant that there was little time left to deliver the funded projects. The interviewee commented:

We've got the money ready to go. But they don't trust. There's not that trust in us to say well, actually, we can trust the third sector to carry these roles out and carry these projects out. And that's been really frustrating.

This experience of only trusting third sector competence once it has been tested and proved reliable is echoed by ASC and HB interviewees. ASC1 described it thus:

[Third sector] has had an increasing influence on the agenda, but it is relying on their credibility, and it's been quite hard won for them. In that notional series of relationships, they don't have as many cards to play, do they? They've also got to manage a power imbalance, which is really challenging. What's increasingly happened is they've gained more influence, partly by the individuals we've had involved, but also by their tenacity and willingness to demonstrate how they've added value, both from a policy perspective, but also from a delivery point of view.

Issues of competence were not exclusive to the third sector. Health board and adult social care interviewees referred to experiences where there was of lack of confidence in certain statutory partners because organisations had been judged to have failed, sometimes to the extent that they had been placed in escalated interventions. Other statutory partners gave the impression that working with partners that were not performing adequately increased the risk of their reduced performance or, at least, the perception of poorer performance. ASC3 described their experience in these words:

There have been issues in the past and still to a certain extent around the local authorities and the health board [because a partner organisation was in escalated intervention]. There were levels of distrust. I do think it's like a marriage. You have to work at a relationship. It doesn't come naturally. It's something you have to work at and trust is part of that.

HB1 added that organisations going through difficulties also resulted in attitudes of superiority that undermined trust. They described a 'water fountain' conversation when:

A [partner] said, you know, it's a shame [organisation] is not succeeding ... because you could learn a lot from us in [organisation], and I don't think we would disagree. Of course we could learn from them, but it was that kind of feeling of we're better than you.

ASC participants described the way in which RPB members sought to micro-manage authorised activity, rather than set the strategic direction and monitor the delivery of the strategy. Interviewees described these experiences as a lack of trust on the part of certain RPB members in the ability of senior officers to carry out their responsibilities effectively. ASC2 described it in this way:

Some members of the board want to micromanage things rather than just set the strategic direction. Obviously be sighted on outcomes, but they want absolute detail. ... There needs to be more trust in the people that are leading programmes. Hold them to account, by all means, but you've got to have a high level of trust.

The significance of competence-based trust was echoed by RPB Leads. They agreed that TS members needed to earn trust by demonstrating competence, but paid tribute to TS members that had done this, often in the face of resistance and opposition. Leads cited third sector involvement as one of the encouraging successes of the RPB experience. This was attributed to the dogged, tenacious determination of third sector members, and to the high level of skills and competence of the particular individuals. However, where this confidence in TS representatives was not present, the experience was otherwise. L3 commented:

We have a mixed experience of [third sector] delivery. We have some that absolutely pick it up. ... other parts of the system whereby they keep mentioning that they want to be part of the solution and we keep offering them the opportunities to be part of that and working closely with them. But then it's, there wasn't enough time. I didn't know about it. To be a willing contributor, you have to deliver against some of the sound bites.

7.6 Information Sharing

Another hallmark of trust identified by interviewees was the extent to which RPB members were willing to be open and candid with each other. This, in part, related to

information sharing, particularly information that may reflect critically on the person or organisation sharing the information. It also referred to whether RPB relationships and culture were sufficiently mature to allow and encourage mutual and reciprocal challenge and scrutiny. For TS interviewees there was the additional dynamic of needing to sustain a positive, constructive relationship with partners who were not only fellow RPB members, but also commissioners and funders. The risk of 'biting the hand that feeds you' was very present as regards the ability to trust another organisation not to retaliate in ways that could be damaging or harmful, financially and in other ways.

Participants of all sectors agreed that the level of scrutiny and challenge within the RPB was disappointingly low. In part, it was because such conversations happened outside the RPB, either informally or in a sub-group. Nonetheless, it was recognised that, in general, RPBs were not environments in which frank, candid and open discussion occurred. HB2 described their experience in rather blunt terms:

I don't think we even get to that point [of scrutiny and challenge]. I don't think we get deep enough into the mechanisms of what's going on that we examine that, which is awful. We ask at every meeting can we have assurance on X Y and Z and what we're given is ... almost platitudes.

TS2 described their experience as being willing to challenge if needed, but they would exercise extreme caution not to offend or cause embarrassment to officers from partner agencies:

I would never take something to a meeting such as an RPB which I knew was going to be controversial and potentially come back and bite somebody without having raised it with that individual in advance. ... I'm not one of these people that would actually hang somebody out to dry.

This intimates that the RPB is much more than the partnership board, or meetings, but an institutional system, a series of institutionalised interactions both within and outside of meetings. ASC and HB interviewees admitted that things were very difficult and tense. HB3 commented:

The tensions, which are not insignificant, are about, not so much a lack of trust in delivery, but there's a lack of trust in intention. A number of those

partners don't trust others in respect of why they're saying what they're saying.

This experience was echoed by HB1:

My experience from first attending the RPB is that there was surface trust, but it wasn't very deep, and there certainly wasn't a willingness to share. And I'd say that was from health board as well as local authority. So if anything, there was a bit of distrust about motives.

TS interviewees acknowledged the possible tensions and dilemma caused when TS organisations participate in strategic partnerships such as RPBs. They are perceived as compromising their role as an advocate for their charitable beneficiaries. This is made more complex where TS members are also from organisations that receive funding via the RPB. There can be a perception of a reluctance to fulfil their campaigning role because they don't want to create waves or be experienced as disruptive. However, generally TS participants did not regard this as significant in their experience. TS1 did comment generally about the sector rather than TS members of RPBs:

The condition specific organisations seem to remain silent, particularly if they are in receipt of funding. Funding, I think, has silenced the sector to a certain extent.

The issue of biting the hand that feeds you was also raised by TS interviewees when speaking about the role and responsibilities of carer and service user members of RPBs. It was noted that such members are often reticent and reluctant to criticise or challenge because they are nervous about upsetting the professionals and decision-makers on whom they rely for critical health and care services. TS2 described this experience in these terms:

If there was a need for patient or service user knowledge on something a lot depends on who was actually coordinating that meeting. If it's the local authority and somebody is in receipt of services, inevitably they're going to think twice over what level of criticism are they going to be able to discuss over their service provider. The same with health: if somebody is in receipt of health services, which may not be going well, are they going to be overly critical and come out with what the reality of the situation is or are they going

to be constrained by the fact of what's going to happen to me if I criticise my doctor or I criticise my social worker?

7.7 Ulterior Motives

A perspective shared by health board and adult social care interviewees was that Welsh Government's motive in setting up RPBs was, in part, driven by a desire to address the issue of local authority rationalisation. No TS contributor referred specifically to this matter, except to describe how difficult it was to operate as a regional, strategic partnership comprising multiple agencies and covering large, complex areas of geography, policy and service. ASC and HB interviewees felt that there were ulterior motives and hidden agendas at play borne of Welsh Government's frustration that it had not proved possible to restructure local government in Wales, thereby reducing the number of local authorities from twenty-two to something more aligned to health board areas. ASC1 described their perspective as follows:

There's a subtext that exists which is a frustration with local government being divided by 22, some views that that is inefficient, isn't helpful, that maybe we're competitive. Clearly, if you're a health board, you would like to interact with one organisation, it's a lot simpler than interfacing with N in our area.

They went on to accuse Welsh Government of exploiting RPBs and their funding streams as means of obliging and prescribing cooperation, but which ultimately proved ineffective and frustrating:

Welsh Government use money as a way to force collaboration. To some extent it works, because we have to collaborate. However, there's all sorts of challenges to that. When you use a blunt mechanism like that, I think they end up perennially dissatisfied that it doesn't quite produce the outcome they'd really want.

HB contributors felt that they were caught up in a policy battle between local government and central government. HB2 commented:

There was distrust about motives. And what I would say I felt influenced that is that there were lots of discussions about reducing the number of local authorities.

The health board perspective was, on occasions, harder. HB3 pointed out the inefficiencies and waste involved in sustaining a large number of local authorities:

It does feel like a political football at times, and you feel that you're being used and abused to some extent because there's no other regional mechanism that they can put in place, because they haven't managed to sort out [local authorities] ... But value for money? Gosh, what an expensive way to do it! I do think that the only way forward is in terms of changing the Council structures. Twenty-two are too much for Wales and I think the RPB was put in place because everyone can see that twenty-two is probably too much and there is an expense for you!

Chapter 8: Findings – Third Sector, Service User and Carer Representation

8.1 Introduction

Issues of representation of non-statutory sectors or constituencies featured highly in the descriptions of interviewees' experiences. These issues affected all members but related principally to those members of RPBs who were expected to represent the interests of the third sector, service users and unpaid carers. All participants from all sectors raised concerns associated with the challenges and complexities of representing the interests of a diverse, dispersed, multifaceted sector or population. Different sectors and individual interviewees had differing views and perspectives based on their experience of non-statutory representation within RPBs. However, they shared a conviction that it is an unresolved matter that causes ongoing tensions and difficulties.

8.2 What's in a preposition?

A preposition is a small but significant word within a clause. It expresses a relationship to another word or element in the clause. TS interviewees often homed in on the significance of prepositions when explaining their role as an RPB member because a change of preposition resulted in a significant change in understand of the relationship between the RPB member and, in this case, the third sector. They rejected the notion of being a representative 'of' the third sector and preferred to be regarded as a representative 'from' the third sector. The third sector is so large, diverse and multifaceted that TS interviewees stated it was impossible for one or two people to fulfil a delegated, representative role on behalf of such a dispersed sector. TS2 described it in this way:

With ourselves as a third sector representative, and as I have always said, representative from, because there is no way that I can get a mandate from the whole of the third sector in [region] on any particular topic. That mechanism just doesn't exist.

It is arguable that this approach is what is intended in the statutory guidance to Part 9 of the Social Services and Well-being Act (SSWBA), which does not refer to representatives, but speaks of including members that 'represent the interests of the

third sector'. This would indicate that an informed person that can contribute to RPB business based on robust intelligence and meaningful contact with the third sector in the region could be properly regarded as one that was able to represent the interests of the third sector. It is for this and other reasons, such as convenience, that local third sector umbrella bodies, county voluntary councils (CVCs), have been identified by Welsh Government as legitimate and qualified agencies to fulfil this role on RPBs. Some TS interviewees challenged the very use of the word 'representative'. They preferred to speak of themselves as third sector members of RPBs. Interviewees from CVCs stated that the concept of representation was generally problematic for them as infrastructure organisations. One TS member referred to the governing documents of their organisation and its various plans and reports where it states that its aim is to articulate a legitimised voice for the third sector but acknowledges that not every organisation within the sector will always align itself with the views and voice of the CVC. This begs the question as to how a third sector member's contribution is legitimised. It often relies on the engagement the member has with the sector via networks and forums. While this may be extensive, it invariably falls short of being able to engage the sector directly in the detailed business of the RPB. TS1 described their experience thus:

Papers come out a week in advance of the meeting. There's no real chance to identify with third sector organisations, what their particular views or take is on some of the documents. So it's got to be around as a CVC officer, gives me the opportunity through our networks to test out the waters on some of the things that might be coming forward.

TS interviewees expressed frustration at the lack of understanding about third sector representation that existed within RPBs. They felt that statutory members did not appreciate the diverse nature of the third sector and what is required to be able to represent its interests within the RPB. TS1 commented:

[Local authorities and health boards] don't really fully understand the dynamics of the sector and how that we are there as a representative from the sector. And we're there to try and involve the sector, the voice of trying to see what the sector can do when trying to promote the sector. And then if there are opportunities for the sector, they don't fully understand that we need to go

back to the sector and try and get them involved. ... it moves very fast and the sector can't really keep up with that sometimes.

However, HB2 expressed appreciation of these issues. They referred to the fact that statutory agencies are keen to work with the third sector but have unrealistic expectations that this can be done simply and easily. The complexity and nature of the third sector makes this an impossibility:

What the RPB wants from the sector they're not going to get and that's because of the nature of the sector. The RPB wants a representative voice and some kind of connection to the sorts of services that can be commissioned that are going to meet the aims and outcomes that the RPB has. You're not going to get that because of the nature of the sector, ... so the essence of what makes the third sector of great value is often its downfall.

Therefore, the engagement via umbrella bodies is the mechanism that is invariably adopted, as described by ASC1:

[The third sector] is so diverse and so large ... our mechanism is through the various associations of voluntary services. What we've tended to do over the years is one of them will be the lead association and take on an overarching representative function of the sector.

8.3 A National Third Sector Voice

The statutory guidance to Part 9 of the SSWBA states that each RPB should appoint at least two members to represent the interests of the third sector, one that can bring a local perspective and one that can bring a national perspective. The local perspective is invariably provided by the CVC. Each RPB has established its own arrangements for recruiting a member or members that can offer a national perspective. TS interviewees spoke of the difficulties they had encountered recruiting to the national role. The barriers identified were principally the lack of capacity to participate, and the relevance of regional planning to national organisations. This has resulted in some RPBs not having the national voice around the RPB table. TS3 described their situation:

We've not been able to recruit a third sector representative or group representative on the RPB. ... And again, if you're not getting something from it directly as an organisation, it's difficult.

Another TS interviewee observed that many national organisations do not need the RPB because they often have direct contact with local authorities and health boards, particularly if they deliver commissioned services within the area or region.

Participating in RPB business is considered of little additional value and use.

However, there are examples of national TS organisations participating in RPB sub-partnerships, particularly where it closely aligns with their commissioned activity within an RPB region.

Statutory sector interviewees had mixed experiences of the national third sector members on their RPBs. ASC3 felt that the involvement of national third sector members had less relevance and value than the contribution of local members, because most decisions relate to local matters and the national members are not sufficiently familiar with the local context:

When you get to the bigger strategic boards and you may have a representative who's representing a national group as opposed to a local group, you have lost that local understanding and also the confidence to challenge what's happening locally because somebody from a big national third sector organisation is not going to know that anything that I propose for my area is not going to be good for my area, because they won't know my area.

HB1 added that national organisations occasionally exercised disproportionate influence, particularly with Welsh Government. They gave examples of how Welsh Government had developed policy based on the information provided by a national charity, which was at odds with information provided by local and regional, statutory bodies:

I've seen policy shifts that you find other bodies in that field have been less than happy with and question why a single organisation's view of the world is the one that's now part of the policy when they maybe weren't given the opportunity to input. I think particularly where you get national charity organisations which operate UK wide, as opposed to local. When it comes to

some Wales-wide policies, that's created tension and that's difficult for Welsh Government officials, because they're not always engaged in those discussions, and then you have to say to a minister, well, you've only taken one view.

However, a different and opposing experience was described by HB3 who felt that the contribution of the national TS members had been more useful and more relevant than that of the local TS member from the CVC. In part, this was because a national organisation could relate better to a wider geographical region than could a locally based CVC. The interviewee thought that the CVCs were not sufficiently coordinated to offer a regional voice on behalf of the region:

[National organisations] were a much more useful mechanism because they spoke of their sector and they weren't just thrown regionally because they were regional as well, but for your CVC, they struggled because they were so different to say the CVC in [county] right next to them.

8.4 Whose Interests?

ASC and HB interviewees challenged the extent to which CVCs represented the interests of the sector they support, rather than their own interests. ASC2 commented that the representation of the third sector was inadequate and unsatisfactory, mainly due to the way in which the CVC carried out its representative role:

If you think of [the CVCs], ... They're representing the third sector or the voluntary sector, but really, often they're just talking about themselves, and I don't really think we've got that right.

This perspective was echoed by ASC3:

We've always struggled as a region to have N person(s) represent what is such a huge area and a huge diversity of representation and provision, ... Sometimes there can be that conflict between are they representing the third sector or are they representing their own interests.

HB3 described an understanding of CVCs as only representing a section of the third sector, mainly the local organisations and groups:

I think they also struggle with representing the voice of their members, ... but they don't represent, for instance, [national third sector organisation] or some of the other big players.

TS interviewees took issue with this understanding of them. They saw their role as serving the whole sector without exceptions. They commented that membership of CVCs is made up of all kinds of organisations from the sector, large, medium and small. In addition, CVC services are offered indiscriminately to members and non-members. TS2 argued that the purpose of CVC membership is accountability and not representation.

ASC1 complemented the CVC member of their RPB as having carried out their responsibilities effectively. They voiced concerns that some population specific or condition specific TS members could not be regarded as sector representatives and should be treated as lobby groups:

That critique frequently comes from what are, in essence, lobby groups. They may be worthy lobby groups, but if you're an autism service user group, clearly you're an advocate or lobby group for people with autism. Or if you're in [national third sector organisation], you're in there [for your beneficiaries].

8.5 A Conflict of Interest?

Interviewees, particularly those from statutory organisations, described their experience of third sector involvement in RPB membership as worthwhile, but complex and challenging. This largely stemmed from the fact that the third sector is simultaneously a partner around the RPB table within its governance arrangements, and a provider within its supply chain for health and care services. This tension caused a number of interviewees to pose the question as to what an RPB wants of the third sector and what kind of relationship an RPB thinks most appropriate with the third sector.

TS3 commented that the benefits of CVC members are that, as infrastructure and umbrella bodies, they are more distanced from the provider relationship than other third sector bodies:

I think as CVCs we are increasingly considered as partners. I think the wider sector is definitely supported as providers. As CVCs we are increasingly seen as partners, not just providers.

TS1 commented that the RPB is a very distant, even irrelevant, body for many third sector organisations. Consequently, there isn't significant interest in RPB membership within the wider sector:

For many organisations, even those that have got contracts with health or local authorities, they actually see the RPB as something that is way in the distance. There are too many tiers between what they do on the ground, and what actually then gets debated at strategic level.

TS interviewees agreed that RPB involvement makes significant demands on members' time and resources. Most third sector organisations do not have the capacity to invest sufficiently in RPB participation, therefore rely on bodies such as CVCs to act as a channel through which the sector can be engaged in a proportionate and meaningful way. The effectiveness of this depends on the reliability of mechanisms used by CVCs e.g. networks and forums, that facilitate participation, as described by TS2:

There are a lot of organisations who, because of their own [resource] constraints just don't have enough time for anybody to be sitting outside of the organisation or doing that external engagement. ... that's where the mechanism needs to be much stronger for whoever is the third sector rep. They can only be a representative if they've got the mechanisms behind them to gather that information to gather the views.

ASC interviewees generally agreed that the inclusion of CVCs on behalf of the third sector helped to circumnavigate some, but not all, of the thorny issues related to conflicts of interest. They acknowledged that, for the most part, where CVCs provided services, these were services that enabled them to facilitate and enable the involvement of the sector. Examples included community connector type services, volunteering support and social value initiative development. Also, the sub-groups of the RPB were places that sought to involve the wider third sector, for example condition specific organisations, when considering specific service areas or specific population groups.

HB2 was keen to point out that the RPB should not regard the third sector as any different to other RPB members because all members are providers of services as well as strategic partners. The interviewee expressed some frustration that statutory agencies were more reluctant to mainstream third sector services funded by RPB grants, than they were their own services. They commented:

What we were supposed to be doing was producing something ground-breaking here and changing the way that we worked and what we should be doing is investing in the third sector to the degree that we wouldn't have to ring fence any money, because they would be mainstream partners and delivering against the objectives in exactly the same way, to the same parameters as the other partners around the table, including the private sector.

They illustrated this further by describing an occasion when they had persuaded the RPB to explore the potential for the third sector to provide solutions to the pressures within domiciliary care. After much persistence and tenacious arguing the RPB now commissions an increasing number of domiciliary care hours from the third sector.

8.6 Carers and Service Users

The requirement to include service users and carers within RPB membership is arguably one of the most innovative aspects of the legislation and regulations governing RPBs in Wales. Not only does this require partnerships to engage with and involve people and carers, but it also seeks to give them a place around the decision-making table alongside other decision-makers, notwithstanding all the challenges noted about membership and governance.

Interviewees described their experience of having carers and service users as members of the RPB. They were not invited to speak for or on behalf of the service user and carer members, but rather describe their experience of having them there, and their impressions of whether it had been a meaningful experience.

Almost all the interviewees commented that they perceived carer and service user members' experience of RPB membership to be one of frustration. Participants thought that carers and service users had not found their RPB membership

meaningful and that it had been largely tokenistic. HB1 concluded that the carer and service user members on their RPB felt “more appeased than listened to”.

A particular barrier has been the unrealistic expectation that a carer or service user, whose lived experience may well be of interest and use to the RPB, often does not have the necessary skills, knowledge and experience to participate in a strategic board alongside professional, strategic leaders and managers. The bureaucratic demands of board membership, such as engaging with a high number of large, complex documents, are a disincentive and an obstacle to many carer and service user members. TS1 described their experience thus:

It's a difficult space for people. Although they're supported and welcomed and made to feel comfortable, ... I think it's tokenistic. ... It's just a tick box exercise rather than a partnership that actually leads some of the change.

ASC1 was critical of the fact that the inclusion of carer and service user members in RPBs was, in part, to meet the demands of the legislation and its regulations to ensure that plans and services were people-focused and citizen-centred. However, they concluded that a strategic board with a set of arrangements such as a RPB will never produce the type of inclusion and involvement that the legislation and Welsh Government expects:

Given all those kind of governance, conflicts and challenges, the expectations of a partnership board with some user reps on it being a gateway to coproduction is probably pie in the sky. You don't have a governance structure like this to do coproduction. It doesn't work.

This has led some RPBs to establish specific support for carer and service user members to help make their participation in RPBs more effective and to make the business of the RPB more accessible and comprehensible (see section 6.7).

Typically, carer and service user members will meet with support officers prior to meetings to go through the papers and prepare for their involvement in the discussions. TS2 commented:

We have done a great deal of work to try and make the meetings themselves accessible. And the documentation, the papers that are part of the meeting, accessible as well. ... there are sessions with the carer reps and the service user reps before each meeting, just to make sure that they're comfortable with

the agenda. The papers are adapted slightly for all of us to make sure that the information is accessible.

Where this kind of support was not in place, interviewees explained that carer and user members often felt isolated and adrift. TS3 described their experience in these words:

They've felt very isolated and unsupported. I tried to coordinate meetings with them, but they feel quite isolated and sort of what on earth am I actually doing? Because I'm not hooked into any networks. The language quite often is too professional and doesn't relate to them at all. The level of support that is there needs to be significantly improved.

It is clear from the interviewees that frustration was also experienced within the wider RPB membership. Rather more surprising was the description of frustration by some statutory agency members. ASC2 described their experience in very blunt and graphic terms:

I've heard [carer and service user members] being referred to as, "Those pains in the arse!" and sometimes they will get up on a hobby horse about something. ... It shouldn't be perceived as tokenistic, but I think some colleagues, they do see it as tokenistic. ... Sometimes you think oh God, here they go again, but actually you do need to hear that don't you? Some of my colleagues find it irritating.

All interviewees agreed that the involvement of service users and carers in the planning, delivery and reviewing of services was important. However, the superficial inclusion of one or two people in a strategic partnership did not deliver the level of inclusion that was deemed helpful. Several interviewees described much more creative, positive and constructive experiences when describing the population-specific or condition-specific groups they had established outside of the RPB in order to engage with people regarding matters and issues that were important to all concerned. Typical examples would be forums or networks of people who had experience of dementia, cancer or poor mental health. Equally, general networks or panels of citizens, carers and patients were also experienced as having much more value than the involvement of citizens in RPB meetings, as explained by ASC2:

You've got to be prepared to work with people, being inclusive. For example, there was something raised so I said I'll come to the citizens' panel and let me hear it from people, face to face. We've got to be prepared to do that and say we can't deal with that now but let's pick it up outside of the meeting, so you are listening when people are raising frustrations. It is valuable.

This was echoed by HB3 who lamented the demise of the citizens' panel in their region, and commented that a more effective use of such panels and networks should be considered:

We had the Citizens Panel at one point. When that was pulled, we missed a trick ... we had an approach to getting some voices around the table because, how can you get a representative voice and for them not to become the peer of peers? ... I don't think we really optimized it. That was a nice piece of architecture for partnerships.

The risks associated with carer and service user membership of RPBs was also raised, particularly in relation to specific issues that were important to the members. ASC1 commented that such members could become one-subject members whose whole focus was to pursue an agenda driven by their particular experience or perspective. This was felt to confuse the important distinction between representation and advocacy or campaigning:

Whilst you want someone to be a member and give a perspective, what you want is a blend of perspectives. If you take carers, for example, many people have good experience of the support they have from services, through to people who have terrible experience and everything in between. The challenge for us is how you get people who are able to give a perspective that is articulated to an extent that it can influence. Frequently, then you end up going down more of people who are interested in almost the advocacy side of it. So I am advocating for [Charity].

RPB Leads agreed that the complex, official and bureaucratic nature of RPB meetings did not provide the best context in which to include citizens. Often service users and carers did not participate in RPB meetings, despite the support and help offered by RPB officers. Leads agreed with members that there existed a better, more inclusive experience in the partnerships, networks and forums that form part of

the RPB sub-structure. The contribution of service users and carers in these meetings was experienced as more meaningful and more effective. L3 described how they involve citizens via sub-groups rather than via the RPB:

We have a citizens' panel where they receive information from the Regional Partnership Board and then they feedback to us on a monthly basis. ... we have representatives as part of [sub-partnerships]. They can relate to the whole conversation, rather than sitting in a board meeting for two hours and not understanding 90% of what's discussed.

Chapter 9: Discussion

9.1 Introduction

This chapter takes the findings of the research, as set out in the previous chapters, and analyses them against the body of learning explored in the literature review, in order to enable discussion and critical reflection. In addition, my experience and position as an insider researcher (see section 3.4d) is drawn upon as a unique perspective from which to develop insights.

The structure of the analysis follows the themes that emerged from the literature review. This brings a consistency to the research in that it enables an assessment of the extent to which the findings converge with or diverge from the current body of knowledge. It also aligns with the content of the semi-structured interviews. As a consequence, the analysis demonstrates where this study adds to the learning either by reinforcing the findings of earlier studies, or by suggesting that things have been different within the RPB experience in Wales.

The consequences of this analysis will be explored in the next chapter.

9.2 Government and Governance

In comparison to other parts of the UK, we have seen that Wales has placed a greater emphasis on the engagement and inclusion of the third sector in welfare governance (Chaney, 2014, p. 587). However, the responses from interviewees demonstrate that it is possible to include sectors, organisations and people as partners, without shifting the balance of power or control. Chaney (*ibid*) demonstrated the political importance of the sector, and argued that the sector was a salience issue, but interviewees' experiences demonstrate that there exists a significant gap between strategic rhetoric, partnership involvement and equal inclusion in governance arrangements. Without the latter non-statutory participants described an imbalance within the partnership they found unacceptable and described an injustice at the heart of RPB governance. This experience aligns with the assertion of Anand & Dyson (2023) that recognising and involving the third sector as an equal partner in the planning and provision of health, care and wellbeing support is a prerequisite of effective partnership.

All the participants from their varied perspectives have described experiences of struggling with the role of government within governance. In fact, so complex and entangled are the arrangements within RPBs that interviewees described arrangements that reflect all six uses of the term, 'governance', as set out by Rhodes (1996). In describing non-statutory members as stakeholders, ASC interviewees adopted a *Corporate Governance* approach, whereby processes and procedures are employed to control organisations the state relies on to provide public services. ASC interviewees also intimated a *Good Governance* approach in that they saw themselves as part of a transparent and democratically accountable set of processes and procedures that enables public confidence in political administrations (Leftwich, 2007). TS contributors were more aligned with a *Socio-cybernetic System*, pointing out that the impact of policy decisions is not in the direct control of central governments but depends on independent sectors who are responsible for implementation and delivery. All interviewees were alert to the importance of *Self-Organising Networks*, the complex, significant and influential system of partnerships beyond government that are often established or encouraged by central governments. TS participants commented that such networks need to be acknowledged and accepted as a feature of service delivery and cannot be part of a system rooted in government control and competition. All interviewees had differing but complementary experiences of *New Public Management*. ASC contributors described this as the way in which government gets things done via other agencies and organisations (Hood, 1991). Whereby, TS and, to some degree, HB interviewees experienced this as an attempt at control on the part of the local authority. Given this diverse and complex experience of what governance is and how it should operate, it is, therefore, no wonder that RPB members and leads find it difficult to bring clarity and simplicity to what is a confused and unresolved environment.

The experience of ASC interviewees would conclude that Wales, in line with other Western democracies, is seeking to develop a partnership arena that removes government from governance, or marginalises government within governance (Rhodes, 1996). Interviewees from all sectors acknowledged that county councillors and their officers experience a hollowing out of the state. Democratically elected politicians feel that RPBs undermine the influence and power that should be theirs by

virtue of their democratic mandate. I had expected that political representatives would regard their responsibilities as having a different status to other RPB members. However, I was surprised at the extent of the tensions caused by this perspective and experience. This has never been discussed or expressed in any meeting or conversation in which I have participated, which results in an unhelpful undercurrent of reluctance and resentment. The sense of superiority felt by local authority members on RPBs due their democratic base reflects Morgan et al's conclusion that seeking to govern without government is a conceit (Morgan, 2000, p. 196). This suggests that RPBs are, to a degree, a more recent expression of New Public Management (Rochester, 2014) because they are seeking, in part, to impose performance management arrangements on partners, but are manifesting some of the contradictions highlighted by Bevir *et al.* (2003) in that they are trying to be both hierarchical and egalitarian.

The 'macro-event' (Macmillan, 2020) of the COVID pandemic disrupted typical and traditional attitudes and behaviours. Interviewees spoke of some ways in which the pre-pandemic 'utilitarian' (Cullingworth, et al., 2022) relationship between the statutory and third sectors gave way to relationships that were better described as complementary and/or supplementary (Young, 2006). More specifically, participants echoed Simo & Bies' (2007) findings that the third sector came into its own by responding flexibly to complex and acute challenges. In addition, interviewees that experienced the inclusion of the third sector in emergency planning testified to how this inclusion and involvement had strengthened the effectiveness of the sector's supplementary and complementary roles (Bynner, et al., 2022; Lundie, et al., 2022; Welsh Parliament, 2021). This resonated with my own experience where, at the outset of the pandemic, it suddenly became possible for local authority staff to be re-deployed into third sector organisations to support essential third sector services. Also, my CVC was included in daily meetings with senior health board and local authority officers in order to ensure that third sector support was identified and maximised alongside statutory services. Pre-COVID this level and extent of involvement and cooperation would have been considered problematic and an aspiration rather than a necessity. The feedback from statutory partners during this period was one of surprise and admiration. Despite the significant amount of time and capacity invested in partnerships before the pandemic, partners suddenly realised and

appreciated the scope, nature and reliability of third sector services. Scales fell from many eyes and key ears were unblocked.

Contributors observed that, notwithstanding differences of opinion as regards how decision-making should and does operate, there are multiple factors such as knowledge, membership and governance arrangements, that create equality tensions among partners. Many ASC and HB interviewees concluded that this is an irreconcilable feature of RPBs that ultimately make them fundamentally flawed. However, the perspectives of non-statutory interviewees, together with some RPB leads, align with those of Fisher (2003) by describing their experience of RPB governance as messy, but creatively and productively messy. Given that the funding made available to RPBs is channelled through health boards and not local authorities, county councils are not fully able to adopt the approach cited by Rhodes (1996) and claw back power by the control of resources.

It was no surprise that the experiences of all participants were contrary to the findings of Peters and Pierre (1998) in that RPBs were not experienced as arenas in which the third sector had become a dominant actor due to the poor performance of the statutory sector. The contribution of participants suggests that RPBs, statutorily established by a devolved government, have not significantly broken new ground in terms of a new way of working, echoing the warnings of Seaton et al (2018) that mandation could lower a partnership's chances of success. I have often heard RPB members speculate as to whether the activity and achievements ascribed to RPBs happen because of or despite the existence of RPBs. The difficulties experienced under New Labour whereby networks and partnerships were dominated by a centralised and centralising statutory sector (Davies, 2000) are reminiscent of interviewees' experiences of RPBs under the Welsh Labour Government with ASC participants, in particular, concluding that government control is necessary not simply desirable. It is arguable that RPBs also display traits of Cameron's Big Society (Alcock, 2010b) in that they seek to deploy the non-government sector to deliver the government's agenda by involving the third sector in producing and delivering area plans that need to align with government priorities. ASC interviewees were clear that the content of plans could never be simply a matter of RPB votes, but needed the primary agreement of statutory partners and their sovereign bodies. However, unlike ideas of Big Society, HB and TS interviewees saw third sector inclusion in RPB

governance arrangements as more significant and substantial than simply supporting government's aims and objectives. This clash of interpretation and expectations regarding who does and should make decisions and the policy challenges it creates is a tension I experienced during my years as an RPB member. My involvement in decision-making groups and forums was a subject of continual and careful negotiation.

As regards the worthwhileness of RPBs, the view of all RPB Leads and of some TS interviewees reflected Kickert's view that such partnerships can be "sources of innovation" (Kickert, 1993, p. 201). However, the conclusion of a significant proportion of interviewees was that RPBs had, at best, been a least bad option with in which they engaged in a pragmatic way as a response to Government requirements. This enhances the learning from other studies that partnership working is easier in principle than it is in practice (Sullivan & Skelcher, 2002; Anand & Dyson, 2023; Alderwick, et al., 2022; Alderwick, et al., 2021). It is certainly the case that many statutory partners have expressed a view to me since the inception of RPBs that, if they weren't required by law and regulation, they would not choose to operate in this way. A significant recollection is a TS colleague's description of RPBs as "yet another of Welsh Government's solutions looking for a problem."

9.3 Markets, Managerialism and Control

Devolved government in Wales has its origins in the aspiration for an inclusive and participatory democracy (Welsh Office, 1998, p. 19). Welsh Government's Third Sector Scheme affords the third sector an unequivocal role in shaping and delivering public policy (National Assembly for Wales, 2000b). It values partnership with the third sector, not only because it strengthens the participation of citizens, but also because it improves the provision of public services by enabling the strengths of all sectors to be maximised in collaboration (Welsh Assembly Government, 2008). Chaney and Wincott's (2014) study of third sector compacts highlights a contrast between England and Wales in relation to welfare pluralism. England adopted a more market-centred approach whereas Wales placed greater emphasis on participation and citizenship. Gordon Brown's government sought to support the third sector to compete with the market (Brown, 2004), whereas Wales' SSWBA (National Assembly for Wales, 2014) implements its policy of voice over choice. It seeks to

reject a marketised basis for public services and nurtures a model predicated on partnership and collaboration (Chaney & Drakeford, 2004; Hughes, et al., 2009). However, the findings of this study clearly show that, despite Welsh Government's aspirations, the inclusion of the third sector as a partner within RPBs is complex and hasn't totally realised Welsh Government's vision. Interviewees' experiences were mixed, but they generally described an environment that continues to be driven by commissioning and funding decisions made exclusively by statutory agencies and officers. Whilst the third sector is involved as a partner, interviewees from all agencies described arrangements that relegate third sector members to, at best, consultees or stakeholders, while statutory sector partners make the funding decisions. During my years as a CVC chief officer, the issue of third sector involvement in funding or commissioning decisions has always been a vexed one. Often commissioners will argue that it is impossible to include the third sector because it is a potential provider. However, the provider role of statutory bodies is frequently overlooked creating an inconsistency and contradiction.

The few interviewees that described experiences of more inclusive governance arrangements were operating closer to Rhodes' encouragement that local authorities should exercise meta-governance by using partnerships to develop joint, strategic direction, together with co-produced and coordinated operational delivery (Rhodes, 1997, p. xii). A small number of TS participants described experiences of being included in decision-making groups, but these descriptions were couched in terms of gratitude and appreciation, giving the impression that such inclusion was a grace and favour arrangement rather than something borne of policy and principle. ASC and HB interviewees recognised that, where RPBs had successfully focused on producing and implementing a shared plan, this had helped to mitigate some of the tensions and rivalries.

This analysis is corroborated by the earlier analysis of RPB Terms of Reference and Area Plans (see Chapter 3, sections 3.5 and 3.6) where it was demonstrated that some RPBs excluded non-statutory members from voting, some were not included in quoracy calculations and not all RPBs allowed non-statutory members to serve as its chair or vice chair. In addition, the branding of many Area Plans and their description of governance arrangements gave the impression that power was carefully controlled by statutory partners within RPBs. This was a particular surprise to me as

an insider researcher. I had, perhaps naively, assumed that all RPBs would create environments which, at least technically, allowed for equal treatment of all members, albeit that practice may in reality be otherwise. I had not appreciated that some RPBs incorporated differentiation within their formal arrangements. This could be a more recent iteration of Bode's (2016) 'external governance' or Evans et al's (2005) 'centralised decentralisation'. These experiences are at odds with Huxham's (1996) conviction that partnerships could become an attractive alternative to the market, thereby challenging the contractual type of relationships that have been prevalent and normalised. Rather, they echo Carmel and Harlock's (2008) description of a 'dispersed state', albeit without the ulterior agenda inferred by Carmel and Harlock that there was a deliberate attempt on the part of government to create a 'governable terrain'. Nonetheless, TS interviewees mainly described themselves as outsiders within RPB arrangements, and identified local authority and health board members as insiders (Craig, et al., 2004). Even this is nuanced and the more granular categorisation of Maloney et al (1994) is useful because it reflects the complexity of involvement that is often not as clear cut as being either included or excluded. For example, depending of the particular experiences within an RPB, some TS members described themselves as a peripheral insider, rather than an outsider. Alternately, using the terminology of Grant (1995), interviewees described a mixed experience of third sector inclusion whereby some may regard themselves as 'low-profile' members and others as 'high profile' members. However, there was no suggestion within interviewees' experiences of feeling like a 'prison' member.

Interviewees did not conclude that involvement in the partnership had made no material change (Craig, et al., 2004). Despite the many difficulties and barriers described, all interviewees spoke of instances where third sector involvement had helped to bring about change for the better, albeit that it was greater in some regions than others. The lead responsibilities ascribed to TS members during the COVID experience was referenced by all participants as a time when the role and participation of the third sector had been more important and more visible than ever before.

Caution needs to be exercised before rushing to a judgement that RPBs are deliberately and absolutely controlled by statutory partners. This study has demonstrated that such a conclusion would not do justice to the quality of

partnership described by a number of interviewees, nor to the development and strengthening of partnership that interviewees have acknowledged. Participants recognised the complexities involved in seeking to work as partners, whilst also maintaining a commissioner – commissioned relationship. But this did not equate to the risks and problems associated with an exclusively market driven approach. In fact, all interviewees said that, complex and difficult as it may be, RPBs were finding ways in which to work as partners and simultaneously managing the contractual dimension of working relationships. They intimated that RPBs are developing mechanisms whereby the confusion between ‘giving, shopping and investing’ identified by Unwin (2004) is giving way to a more creative and pragmatic collaboration. My experience suggests that such positive developments are at a crossroads as budgets become squeezed in ways that are, arguably, unprecedented in recent times. Value for money reviews of all funded and commissioned provision risk reducing or withdrawing essential funding for third sector provision as it become a potential easy target for savings. However, RPBs have equally acknowledged the crucial role of the sector and sought to secure the resourcing of such provision within their sustainability plans.

Interviewees described varied experiences of power dynamics within RPBs. Set against Howarth’s (2000) description of both legitimate and illegitimate use of power, participants frequently referred to instances where statutory RPB members controlled the inclusion and exclusion of other members. This is particularly evident in interviewees’ descriptions of who are and aren’t decision-makers, and how governance arrangements are used to create exclusive, managerialistic environments. It is also seen in the ways in which RPBs organise themselves, as set out in their Terms of Reference and Area Plans. I was particularly surprised to see such variation as regards third sector exclusion from quoracy calculations, voting rights and eligibility for election as RPB chair or vice-chair. All of my encounters with Welsh Government personnel lead me to conclude that Government expects and assumes full inclusion of all RPB members, and that such exclusion goes against the letter and spirit of legislation and regulations.

All interviewees, in different ways, described RPBs as environments where power was not shared but contested. Some argued that the sharing of power is a futile ambition given the different responsibilities and accountabilities of different RPB

members. However, interviewees' experiences were neither characteristic of unidirectional transformation nor mutual transformation (Hastings, 1996). No one partner sought to persuade other partners to adopt its way of thinking, nor did partners fully accept the need to change themselves, as well as aspire to change others. In fact, they were more akin to the logic of appropriateness (March & Olsen 1989) where partners operate on a self understanding of their identity and the legislative or regulatory environment in which they operate. As one ASC interviewee powerfully explained, how can there be an equal sharing of power when, if a director of social care gets things wrong, they risk imprisonment, but a third sector or service user member could get things wrong without any significant consequences? This perspective and understanding, in my experience, is not made clear within RPBs. It is as if everyone ostensibly pays tribute to the equal sharing of power, whilst simultaneously operating in the knowledge that power is differentiated according to position, status and responsibilities.

Questions about who are steerers and rowers (Osborne & Gaebler, 1992) are not simple. Interviewees were agreed that progress had been made during the first years of RPBs in enabling all members to play an important role within the partnership. Some TS participants stated clearly that they increasingly felt that they were joint-steerers and joint-rowers of the RPB, albeit that it had required determination, tenacity and a demonstration of their professionalism and reliability. However, all interviewees described hierarchical arrangements in which local authorities and health boards were the primary steerers of RPBs, and that TS members were regarded as influencers and potential rowers of RPB activity, something that had been hugely accelerated during the COVID pandemic. This doesn't support Ford and Zussman's (1997, p. 7) criticism that TS members effectively become "executing agents for government", but there is nonetheless an element of this within RPB relationships especially where TS contributors felt excluded from decision-making processes, put in the position of rubber stamping previously developed proposals and recipients of peripheral amounts of funding. ASC and HB interviewees often saw themselves as facilitators and nurturers of social capital. However, the contradiction at play within RPBs seeks to foster social capital within a top-down environments (Chaney, 2002, p. 23). The statutory sector's role is to facilitate and support community and voluntary action, rather than trying to manage and control it.

Interviewees commented on the nature and ownership of the RPB space. Cornwall's (2004) framework helps us to understand the categorisation of the partnership arena as described by participants. Given the fact that RPBs are statutory partnership within which local authorities and health boards have certain legal duties, they are not popular spaces, conquered spaces or provided spaces. They are akin to invited spaces. However, the distinction is the statutory dimension. All statutory sector members of RPBs are there because they are required to be there, while non-statutory membership is a choice. RPBs become invited spaces because Welsh Government created the legislation that requires non-statutory members to be invited by virtue of a statutory requirement placed upon local authorities and health boards. During my membership of Welsh Government's Third Sector Partnership the issue of mandation was an oft-debated subject. The third sector generally wanted Welsh Government to require local authorities and health boards to work with the third sector in certain ways. RPBs are the most prominent example of legislation that obliges statutory bodies to include, work with and promote the third sector. The main third sector perspective, which I experienced first hand as an RPB member, was that, without mandation, RPBs would not enjoy the significance and prominence that they have.

The role and significance of managerialism were highlighted by all interviewees, particularly in relation to how non-statutory RPB members are able or not able to fully participate in RPB business. Interviewees accused the statutory sector of exploiting language, culture and communication in order to exercise control and dominion within a partnership (Davies, 2007), so much so that structures became ostensibly about mechanisms for exclusion. They described experiences of service user, carer and third sector members often being excluded by the managerial culture of the RPB. However, interviewees also explained that this was not intentional and, in their view, a result of the ways in which RPBs had been designed by Welsh Government. Participants described how they had taken steps to mitigate the risks of exclusion and to support the involvement of non-statutory members. Consequently, whilst aspects of the experience may be similar, it would be wrong to conclude that Davies' findings were fully reflected in the interviewees' experiences of this study. Rather, this study's findings are more akin to those of Powell and DiMaggio (1991) who distinguished between old and new institutionalism and concluded that both

identify the state as the paramount, shaping instrument in the life of all institutions, limiting the choices available to many institutions. Their description of new institutionalism as the state working with organisations is clearly the purpose and objective of RPBs, both as intended by Welsh Government and as implemented by regional partners. The approach of old institutionalism that identified organisations as separate, independent, autonomous entities has, in policy terms, given way to accepting the need and desirability of partnership, collaboration and inter-dependence, albeit that some interviewees described instances where the principle of sovereignty was often used to defend a very compartmentalised view of governance accountabilities.

This builds upon the findings of Meyer and Rowan (1991) because interviewees also concluded that power dynamics within partnerships were entirely a product of deliberative and engineered action on the part of partners. For example, a partner may use a particular understanding of sovereignty to further their own ends and to exercise control. This resonates with my own experience where, on occasions, a HB or an ASC member has made tactical use of sovereignty in order to avoid or delay decision-making that may not be to their liking. An example would be the development of a 'Trusted Assessors' scheme in order to expedite patient flow. Scott and Meyer (1991) suggest that, in so doing, partners come to justify and defend the rationale of their constructs. Interviewees cited many instances where RPB members had differing views, particularly about governance, sovereignty and statutory responsibilities, and these were posited as reasons why certain members should be more influential than others. Using the categories defined by Powell (1991), interviewees' experiences would be best described as presumed assumptions rather than the blunt exercise of power, engineering unwelcome consequences or structuring incidental successes. However, as Powell concludes, whichever approach is adopted, the result is the same, the imposition of the will of certain partners and an imbalance of power and equitability.

The way in which RPBs have been constructed and organised is possibly the most recent example of the application of the 'three-thirds principle' originally designed for the Welsh Assembly's Economic Development Committee. However, as Bristow et al (2009) point out, such a principle *per se* does not eradicate the risk of managerialist agenda and behaviours. Interviewees refer to instances of power imbalance and

arrangements that exercised control and dominion, notwithstanding the journey of greater and improved participation that RPB members also described.

I was very surprised at the extent to which interviewees described experiences of rivalry, suspicion and competition between RPB partners. Whilst I expected this to be the case because of the informal and casual conversations I've had with partners over many years. I had not appreciated the depth and strength of such feelings, which clearly have an impact on a partnership's ability to function openly and effectively. This speaks to the findings of Lowndes and Skelcher (1998) and Peters and Pierre (1998) who found that partnerships are largely predicated on either competition or partnership. The experience of participants has demonstrated that there existed a significant amount of competition between local authorities and local authorities, between local authorities and health boards and between statutory members and non-statutory members, even between Welsh Government and RPB statutory members. Resource dependency theory (Klijn, 1997) suggests that members were exhibiting behaviours expected in situations where partners need to access scarce resources. Interviewees were candid enough to admit that RPB resources had been used, at least in part, to maintain core services, and that the availability of funds to RPBs is one of the principle motivations in RPB involvement and commitment. This picture of competitiveness and rivalry is illuminated by interviewees' descriptions of experiences where different RPB members and partners were "carriers of different and conflicting action frames" (Rein & Schon, 1996, p. 94) This caused disagreement and conflict, particularly in relation to who should be decision-makers and how accountability should operate. Rein and Schon described this as a 'frame contest'. Local authorities had a clear sense of superiority due to their perceived, democratic authorisation, whereas health boards were acutely aware of their financial accountabilities and the many pressures that constrained and limited local authorities. Simultaneously, non-statutory RPB members had a perspective that expected equal participation in all things, together with an appreciation of the distinctive and different ways in which non-government sectors operate and function. This frame contest prevents a shared understanding of the nature and purpose of the partnership which, in turn, impedes, even prevents, the effective function of the partnership.

RPB partners often demonstrated that they operated on the basis of different ideologies (Kendall, 2010). This gave rise, in some instances, to a *de-facto* refusal to pool budgets or to bring about truly integrated service provision in order to create the 'seamless services' expected by *A Healthier Wales*, Welsh Government's strategy for Health and Care in Wales (Welsh Government, 2021a). Kendall (2010) concludes that a lack of shared ideologies undermines a partnership's ability to function effectively and militates against collaborative endeavour. As for non-statutory members' ideologies, interviewees, like Kendall, suggest that the third sector cannot be totally a-political and untouched by ideology. This refutes the proposal by Thomas and Kendall (1996) that third sector agencies should be independent of and divorced from party politics, especially if they are a registered charity. However, interviewees from all sectors described experiences when TS members had influenced policy and contributed to decision-making, albeit sometimes in a more peripheral way than would have been ideally the case. Some interviewees described circumstances in which TS members had gradually become part of central and integrated governance arrangements that were clearly developing a shared ideology. The latter reflects Kendall's description of a 'demarcated space', an environment that accommodated a diversity of ideologies, frames and approaches but did not converge upon or coalesce around a single, ideological position. It also concludes that members of a partnership are not slaves to tradition, but have agency that have the ability to shape and develop tradition (Bevir, et al., 2003). Given the fact that most interviewees were not convinced that RPBs had been worthwhile and brought about significant change for the better, it remains to be seen whether or not the 'demarcated space' will overcome the risks identified by Kendall by preventing a bland, ideological environment that makes no or little progress. My experience, together with that of interviewees, suggests that RPBs are environments of the lowest common denominator where tricky or controversial issues are deliberately avoided and excluded from the partnership space in order to maintain a pragmatic harmony.

Interviewees also acknowledged that the pandemic had had, to some degree, an impact on how power and control were exercised within partnerships. In many areas, in accordance with Thiery et al's (2021) findings, TS partners found that they were afforded a higher degree of significance and that their voice was more influential in decision-making. Statutory agencies found that they needed third sector

collaboration like never before and could not cope without it (Burchell, et al., 2020). TS interviewees spoke of experiencing a greater sense of equality within the partnership. Nonetheless, despite the provision of additional resources to the third sector (Lundie, et al., 2022; Chaney & Sophocleous, 2021) and in contrast to the findings of Cullingworth et al (2022), there was no indication from participants that there had been a significant relaxation of the use of supply and demand models to determine the third sector's role and position.

9.4 Partnership and Trust

Interviewees shared many observations regarding the extent to which there existed an environment of mutual and reciprocal trust within RPBs. Chaney (2002) and Hutchinson (2015) maintain that trust is a fundamental prerequisite to an effective, democratic partnership. Alderwick et al (2022) demonstrate how a lack of trust can impede joint working. It is clear from the experiences shared that RPBs got off to a very shaky start as regards trust relationships. Some interviewees described relationships between RPB partners as lacking in trust and brimming with suspicion and competition. One could conclude, in line with Milbourne and Cushman's (2013) findings, that state bodies had taken for granted that others automatically and implicitly trust their actions. The jostling for power between RPB members is resonant of Pattie and Johnstone's (2011) assertion that power often masquerades as trust and invariably relegates the less powerful to a subordinate under control. If so, interviewees fell short of concluding that statutory partners had manipulated matters in order to bring about the capitulation of non-statutory members (Hardy *et al.* 1998),. However, the question remains as to whether this has occurred in the experiences described by some interviewees. Using Hardy et al's categories of trust (see section 2.5c), all interviewees agreed that RPBs have experienced a gradual but identifiable generation of trust during the first years of RPBs' journey in Wales. This was not spontaneous, but has been an evolution of mutual and reciprocal respect, confidence and collaboration.

It would be an exaggeration to use the language of Welsh Parliament and claim that interviewees experienced a 'turbo-charging' of partnership during the COVID-19 pandemic (Welsh Parliament, 2021, p. 22). However, due to the third sector's significant and effective support of individuals, households and communities

(Carpenter, et al., 2022; Ellis Paine, et al., 2022; Tiratelli & Kaye, 2020), this study's findings align with others (Aunger, et al., 2022; Thiery, et al., 2021; Welsh Parliament / Senedd Cymru, 2021) in that the demonstrable competence, professionalism and added value of the sector resulted in a greater bond of trust between partners (Chaney & Sophocleous, 2021). This was reinforced by increasingly stronger, interpersonal relationships between individuals across organisations and sectors (Aunger, et al., 2022). Participants did not specifically refer to the key role played by social prescribing or community connecting within the pandemic response (Carpenter, et al., 2022; Tierney, et al., 2020). However, it would be reasonable to conclude that the importance of such bridging services was inferred in their more general observations about the significance of third sector involvement and provision. As a third sector strategic partner during COVID I found that the community connector service became an essential provision on which health and care services relied during lockdowns as a crucial way of harnessing the third sector support individuals needed. It is important that the fostering, nurturing and development of trust relationships within RPBs continue, and is prioritised. As Davies (2000) points out, this is not an optional extra because, if trust is not given the priority it needs and deserves, the cooperation within RPBs will be severely impeded, and the collaboration between Welsh Government and the regional partnerships will be impaired.

Interviewees commented on the extent to which partners were willing to be open with each other and to challenge each other where appropriate and necessary. The experience of all participants was that scrutiny within RPBs was weak and that partners were reluctant to expose themselves or others to challenge. The same issue is relevant to the relationship between RPBs and Welsh Government. It is possible that interviewees, whilst not referring to the matter specifically, described traits of One Party Dominance impact as outlined by Chaney (2015). This is apparent in the ways in which participants described the risks of blurring boundaries, and the dilution of non-statutory autonomy. It is also manifest in the complete absence of reference to engagement with opposition parties or with the Senedd. Interviewees spoke exclusively about the importance of relating to Welsh Government. Some participants spoke of the role cabinet members played as if they were 'veto members' (Chaney, 2015, p. 1470) i.e. members whose power and

control is such that their voice trumps that of others. In my experience there have been and continue to be many occasions where partners would hold and express definite and critical views, only to remain silent if a government minister or other 'veto member' were present.

Third sector interviewees also exhibited 'cognitive locks' and submitted to the ideological stance of government and its associated terminology as set out in legislation, strategy and programmes. Examples abound of interviewees referring to the importance of co-production, seamless services, early help, prevention, integration etc. In my own experience, this has a continuing affect on TS partners and organisations. One prominent example is the erstwhile, central involvement of TS organisations such as Community Development Cymru that gave way to new organisations based on new terminology, for example Co-production Wales. This study, therefore, in response to the question posed by Chaney (2014) as to whether RPBs have increased the politicisation of the third sector in Wales such that criticism is stifled and regarded as partisanship, would suggest that this is the case.

Despite the many challenges experienced by RPBs, interviewees described a picture of development and improvement. In most cases it was acknowledged that collaboration, based on relationships of mutual trust and respect, was growing. Using the terminology coined by Sophocleous (2014), RPBs would be best described as 'partnership for action' rather than 'partnership as action' because the RPB requires formal participation in a prescribed partnership as a pre-condition of collaborative action. However, unlike Sophocleous' findings of Communities First partnerships, interviewees did not describe situations of growing tensions and divisions, but of increased and improving collaboration and participation. This is akin to El-Farargy's (2019) focus on the need to validate third sector partners in service planning and delivery. However, it challenges Huxham and Vangen's (1996) findings that, "Many collaborative arrangements which begin with the best of intentions and good will nevertheless turn out to be frustrating affairs and ... dwindle away into non-existence" (Huxham & Vangen, 1996, p. 6). Albeit that things are far from easy, simple or ideal, the six characteristics needed for effective partnerships, identified by Huxham and Vangen, are increasingly evident within RPBs i.e. Managing Aims, Compromise, Communication, Democracy and Equality, Power and Trust, Determination, and Commitment and Stamina.

There was limited evidence that involvement in RPBs had undermined the third sector's ability to advocate for its beneficiaries for fear of biting the hand that feeds it. Interviewees did not conclude that trying to perform a dual role as partner and funded service provider erodes a third sector organisation's voice and puts at risk its adherence to its charitable purpose (Chaney, 2002). Where contributors described experiences of not being able or willing to challenge or advocate, it was not out of deference or hesitation, but due to a lack of confidence because non-statutory members do not have the capacity to fully engage with the business of RPBs. Using the terminology of Putnam *et al.* (1993), interviewees identified genuine and respected attempts to 'bridge' social capital and not merely to 'bond' social capital such as establishing support for non-statutory members in order that they might engage more fully and more meaningful in the business of the RPB, or looking for shared opportunities within a set of transactional relationships. This is important because the former is about bringing partners together to build mutuality and reciprocity, the latter is about harnessing the collaboration of a partner to further one's own agenda (Croft & Currie, 2020).

TS interviewees echoed the findings of Cornwall (2004) when they described experiences of their involvement in and contribution to RPBs being severely impaired due to insufficient resourcing, lack of capacity and an imbalance of mutual and reciprocal gain. This could explain why it has been so difficult to recruit national third sector members of RPBs, as explained by some TS interviewees. It could also be concluded that the perceived risk of compromising the purpose and voice of third sector organisations means that they prefer to occupy popular spaces or conquered spaces (Cornwall, 2004), rather than the invited space of an RPB.

The experience of interviewees also suggested that, building on Hastings' (1999) findings, the statutory sector's interest in RPBs is not purely selfless and dispassionate. Like Hastings (*ibid*), this study found that statutory partners suspected that Welsh Government is seeking to use partnerships to drive institutional change. I was very surprised to find that, in this instance, participants concluded that Welsh Government was using RPBs to drive through new tiers of cooperation as a substitute for local government reform. Many interviewees understood RPBs to be a mechanism exploited by Welsh Government to force collaboration because attempts to restructure local government in Wales had failed. This has had an impact on

partnership working due to suspicions of ulterior motives that are not perceived as transparent. During my many years of involvement in RPBs I have never heard anyone articulate this suspicion of a hidden agenda. Clearly, this is something that simmers under the surface and, to some degree, explains why particularly local authority members often appear reluctant, even resistant, to engaging with and through RPBs. They, arguably, see their very existence as a potential threat. I can only conclude that participants felt able to share such perspectives with me, as an insider researcher, because they had confidence in me as a member of the partnership community and felt I would understand and respect their experience.

As for the partnership journey that RPBs continue to travel, participants' experiences are different to those described by Lowndes and Skelcher (1998) as regards the four-stage partnership life cycle governed by different modes of governance and behaviours (Powell, 1991b, p. 269):

- Pre-partnership collaboration
- Partnerships Creation and Consolidation
- Partnership Programme Delivery
- Partnership Termination or Succession

This is arguably because, unlike the partnerships referred to by Lowndes and Skelcher, RPBs are required by statute. Statutory agencies have no choice regarding their participation, and are obliged to establish and support the work of RPBs in accordance with the legal requirements. Consequently, the pre-partnership mode was not one of networking based on a high level of mutual benefit, relying on strong relationships of trust. It was very much an experience of making the best of an arrangement that many partners would not have chosen and would not have designed in the prescribed format. Moreover, this stage was characterised by significant lack of trust and high levels of parochialism, protectionism and defensive behaviours. In addition, RPBs are not free to enter into the fourth stage of the journey because they cannot choose to terminate the RPB or create a successor entity. This has given rise to pragmatic resignation demonstrated by many interviewees describing the RPB as a set of transactional relationships. This has fallen short of Sorensen and Torfing's (2005) assertion that politicians and statutory bodies should exercise meta-governance. As articulated by a number of ASC

interviewees, local authorities cannot devolve, delegate or divest themselves of the responsibility to manage the RPB.

9.5 Third Sector, Service User and Carer Representation

Many of the statutory interviewees referred to the lack of clarity regarding representation and, specifically, third sector representation. Like Bristow et al (2009), they observed that there was an over reliance on umbrella bodies such as CVCs. This caused confusion and suspicion as to whose interests were being represented within the partnerships, coupled with a recognition that third sector partners often did not have sufficient capacity and expertise to fulfil the representative role effectively. However, some ASC and HB interviewees praised the way in which some TS members had successfully proved their professionalism and won the respect and admiration of statutory partners. The observations of a number of statutory sector interviewees regarding the representative abilities of umbrella bodies such as CVCs speaks to the findings of Chaney and Fevre (2001). It could be concluded that these interviewees agree that CVCs have become 'neo-corporist' in that they provide national and local governments with a convenient mechanism for securing third sector involvement. This reflected De Jager's (2005, p. 56) criticism that the almost exclusive involvement of CVCs has resulted in the real or perceived compromise of the third sector's role in enhancing democracy, and also failed to build important, wider relationships within the sector (Anand & Dyson, 2023). It was not surprising to me that these issues arose within this study and the wider literature. As a CVC chief officer and RPB chair the challenge of CVC objectivity and representative reliability is a regular and frequent cause for discussion, concern and even complaint. Umbrella bodies find it difficult to deal effectively with such criticism and, generally, try to avoid the issue. In my organisation we underwent an engagement exercise with the sector and partners, specifically exploring the appropriate and acceptable role of a CVC as regards service provision and strategic representation. This gave rise to the adoption of a service provision protocol (Powys Association of Voluntary Organisations, 2018) and an amendment to our charity's Memorandum of Articles that acknowledged the complexities of representation and opted to use terminology of voice legitimacy. Of course, it was then necessary to continually evidence how legitimacy was realised.

This links closely with the risks associated with one party dominance in Wales (Chaney, 2015). Government appears to be exploiting the involvement of third sector umbrella bodies by using them to legitimise government rather than create legitimacy. There is the semblance of involvement and democracy, but the reality is otherwise. Many interviewees described contexts where decision-making happened outside the formal arrangements and structures of the RPB, echoing Chaney's (2015) findings that transparency is obscured due to the prevalence of informal and off-line conversations and discussions. Nonetheless, some statutory sector interviewees spoke highly and gratefully about the professional and effective involvement of the CVC that had significantly improved the RPB's work and business.

One of the paramount principles upon which devolved government in Wales was founded is a partnership with people (see section 2.4b). This has been the hallmark of successive Labour or Labour-led governments in Wales. The SSWBA required the involvement and participation of service users as partners in RPBs, and not merely as consumers of a service or as customers. However, interviewees described experiences of disappointment, frustration and even annoyance at the way in which service users and carers had been involved in the work of RPBs. Many stated that the context and culture of a bureaucratic board is not the best way to support the participation of people in decision-making. They commented that the role of language and terminology in the partnership environment can be excluding and exclusive (Hastings, 1999). It sets the limits and parameters of what is deemed to be legitimate discussion. This forces the service user and carer members to either master the shared language, or to live with a constant sense of marginalisation. Despite the fact that most RPBs now provide support for citizen and carer members, it does not seem to be significantly changing the linguistic barriers experienced by them. This resonates with Welsh Government's findings from its engagement exercise with third sector, service user and carer members that resulted in the creation of a charter between RPBs and such members (Welsh Government, 2022b). Hastings' identification of 'discourse coalitions' where partners begin to align and merge their terminology is of interest here. This study demonstrates that this is happening to some degree, particularly in the field of prevention, early help and support closer to home. However, interviewees described instances where individual

RPB members or agencies had very different understandings of what is meant by, for example, coproduction or governance.

In establishing the legislative requirement to include service users and carers in RPBs, Welsh Government was seeking to realise the type of connection and collaboration referred to by Lee and Levine (2016) whereby citizens are brought into close partnership with civic leaders. In fact, RPBs could be described as an expression of 'deliberative democracy' (ibid, p 42) because RPB procedures seek to improve and enhance citizen engagement. However, the experience of interviewees exposed a significant gulf between the political and legislative intention, and the reality of RPB experience. All interviewees described contexts in which service user and carer members on RPBs found it frustratingly difficult to engage with the RPB's work, and statutory sector managers and leaders found it equally frustrating trying to involve individuals that did not have the necessary experience and knowledge to effectively contribute to the RPB's business. It is not generally the case that the way of working set out by Welsh Government is resulting in the strong ties and bonds between people and civic institutions as expounded by Sampson (2012). The 'them and us' culture continues to exist in RPBs, and even thrives in some. Interviewees were agreed that, where the involvement of people has been useful and effective, it has invariably taken place in networks and forums that bring together citizens, carers and service users in an environment that is supportive, encouraging and enabling. Some RPBs have successfully made important links between the service user and carer members and these networks and forums. This gives more substance and meaning to the representative role of such members by providing a mechanism whereby they can engage with the constituency from which they are a representative voice.

As increasing numbers of people distance themselves from democratic processes, the involvement of the third sector and service users in strategic partnerships and other decision-making environments is used as a way of ensuring the voice of the population is heard and influences strategic direction and operational delivery (Raco & Flint, 2001; Coulson, 2005). However, interviewees did not describe their experience of non-statutory involvement as having achieved this ambition. Many participants described experiences of hierarchical behaviours within RPBs, especially where local authorities viewed their contribution as having a superior

standing due to their elected mandate. This often relegated the service user and carer voices, together with the third sector involvement, to a peripheral status that needed the permission and authorisation of the statutory sector members.

The experiences of interviewees reflects the categorisation of citizen involvement set out by Clarke (2005) in the study of New Labour. RPBs in their Area Plans have sought to develop 'Active Citizens' by supporting people to work with public services in a way that reduces demand on statutory services; 'Empowered Citizens' by involving people in the work of RPBs, its forums and other partnerships and 'Responsibilised Citizens' by supporting people to take personal responsibility for their health, care, well-being and safety. Some might even conclude that Welsh Government, via RPBs, has also brought about 'Abandoned Citizens', as increasing emphasis is placed upon individual and community resilience.

It was not the case that the lay knowledge and expertise of service user and carer members on RPBs was regarded as more important and significant than that of professional individuals and agencies, as suggested by Clarke (2010). Interviewees described how they valued the lived experience of citizens and carers as important information that needs to help develop planning and provision. However, there was no suggestion that such contributions were enjoying an unbalanced and inappropriate level of sway within partnership deliberations and decision-making.

One of the tests of citizen and carer participation could be the extent to which the vision articulated by David Miliband (2005) (see section 2.5a, p 58) has been realised. It is clear there is an intention on the part of Welsh Government that such an environment be fostered. However, the experience of interviewees pours doubt on whether, via RPBs, people have become more confident about their right to an influential voice, have become an effective partner with government in achieving shared aims, and have helped to make the shift from improving services to transforming services.

The experiences of participants did not surprise me as an insider researcher. My CVC was responsible for the recruitment and support of service user and carer members of our RPB. I also participated in Welsh Government's Task and Finish Group that explored the effectiveness of service user and carer involvement in RPBs. The evidence and feedback provided by RPBs was that service users and

carers themselves were frustrated at the ways in which their participation was facilitated. There was clearly a mis-match of expectations, with many service users and carers wanting to focus on specific concerns, rather than strategies, plans and region-wide performance monitoring. This group produced the charter that each RPB was invited to implement (Welsh Government, 2022b). However, the findings of this study suggest that the protocol does not adequately address the fundamental problems that give rise to service user and carer involvement in a very bureaucratic, strategic partnership board. This study suggests that a better approach would be to require RPBs to evidence the effective and meaningful involvement of service users and carers, but not necessarily insist on their inclusion as members of a partnership board.

Chapter 10: Conclusions

10.1 Introduction

Drawing on previous chapters, this chapter draws together the specific and distinctive contribution of this study to learning and to knowledge. It does so by summarising the aims and findings of the research, underpinned by the methodology and against the background of the literature review.

It subsequently analyses and discusses the implications of these findings for policy and practice as regards those matters that affect and influence the effective involvement of the third sector within RPBs. Based on these implications a number of suggestions are made regarding how agencies, partnerships and key actors could use the findings of this research to strengthen and improve RPB arrangements into the future.

All research studies are limited, both in scope and in scale. The chapter sets out the parameters within which this study has operated, and the ways in which foreseeable and unforeseeable circumstances have placed limitations on the study, and the implications of these limitations.

The chapter concludes by setting out suggestions for future research that could help to expand and deepen our learning and knowledge about RPBs by building on this study in a number of ways and focusing on different aspects of RPB experience.

10.2 Summary of Aims and Findings

The aim of this study is to explore and assess the strategic partners' experience of collaboration with particular reference to the involvement of the third sector in health, care and well-being planning in Wales via RPBs during their first period of operation between 2018-2023. It has six sub-objectives relating specifically to areas of governance, power, culture, citizen involvement, third sector integrity and the worthwhileness of RPBs.

The study is a piece of interpretivist research that accesses knowledge through social means such as language and meaning. It adopts a bottom-up, inductive approach that allows theory to emerge from the data. However, the data were analysed within a thematic context that emerged from the literature review and from the textual analysis of RPB Area Plans and Terms of Reference. These were

Government and Governance; Markets, Managerialism and Control; Partnership and Trust; and Third Sector, Service User and Carer Representation. This does not impose theory but enables emerging information to demonstrate where it enhances current learning. In addition, as a piece of narrative enquiry and, more specifically, a transcendental, phenomenological study, knowledge is co-produced by the researcher and participants by exploring people's descriptions of their lived experiences of the phenomenon, their RPB.

The study opts for gathering qualitative data because such information helps to further the research aims due to it gaining useful and illuminating insights into participants' experiences of RPBs. As a naturalistic and emergent study, it explores real-world situations in ways that are constantly and continually open to amendment and adjustment depending on the information and data provided. Consequently, the semi-structured interviews, the principal method adopted, were based on pre-set, open questions. Participants were selected from three of Wales' seven RPBs. A version of purposeful or quota sampling was used and, as is characteristic of phenomenological studies, the sample size was small. It comprised participants from the three key sectors within RPBs, adult social care, health and third sector, together with RPB Leads, thereby enabling a rich and deep scope of contributions.

When describing their experience of governance within RPBs participants framed their contributions largely in terms of equality. There was a stark contrast between sectors as to how governance should and did operate. ASC participants were notably persuaded that equality of membership is not possible due to the different responsibilities placed upon different members, particularly statutory directors compared with non-statutory partners. This perspective was understood by HB partners, but not fully shared, whereas TS participants took the SSWBA and its statutory guidance at face value and concluded that all members of RPBs had equal status and responsibilities within the partnership. However, TS interviewees also described experiences of frustration and disappointment because their expectations of equality were generally not met. Moreover, RPBs established mechanisms and ways of working that institutionalised differentials and inequalities within partnerships.

Hierarchy was also referenced in relation to the position of government within governance. Both ASC and HB participants spoke of local authorities expecting a

higher status due to their democratic mandate. There was clearly feeling that such an authorisation was significantly diluted, or 'hollowed out' (Bevir, et al., 2003), by RPB governance arrangements which, whilst offering a greater voice to the statutory partners, did not treat local authority cabinet members as more important than HB members.

TS interviewees were particularly aware of an imbalance caused by certain disabling factors such as essential knowledge and an unequal number of RPB members from different sectors, typically with the whole of the third sector being represented by just two people.

RPB Leads supported the views of member participants that issues of governance were complex, messy and continued to create tensions and difficulties. All participants agreed that RPB governance was essentially flawed and that RPBs had needed to adopt a very pragmatic approach in order to make things function, albeit within a context of governance dissonance. Consequently, it is not surprising, but still noteworthy, that the general experience of member participants is that RPBs have not been worthwhile. At best, they were described as the 'least bad option'. RPB Leads had a different and opposite perspective. They viewed RPBs as worthwhile, citing ways in which collaborative endeavour has been brought about because of RPBs. The counter experience of members was that such collaborations would have happened anyway and did not necessarily need the RPB and its very substantial and bureaucratic arrangements.

When considering interviewees' contributions as regards managerialism and control, participants described their experiences of how power operated within RPBs, and how this affects members' involvement in decision-making. It became clear very quickly that all RPBs were beset with issues of competition and rivalry. This was apparent within all relationships and between all sectors. Perhaps most surprising was the blatant suspicion between local authorities and health boards, and also between local authorities themselves. Interviewees described this as an unmistakable positioning for power based on self-preservation, self-interest and self-importance. Tactics were deployed whereby some agencies would form alliances to out-manoeuvre other agencies to bring about a power balance in their favour. These alliances were fluid and constituted differently depending on the set of circumstances.

Consistent with the findings in relation to equality, interviewees' experience of decision-making differed across the sectors. Generally, ASC contributors did not regard RPBs as democratic partnerships where each member had parity of voice. HB participants were more open to a democratic understanding, but appreciated the need to comply with statutory responsibilities, whilst TS participants regarded all members as decision-makers. ASC interviewees described RPBs as partnerships without decision-making powers and emphasised the need for decisions to be referred to sovereign bodies for approval. RPB Leads shared the experience that power and control lay with statutory members. This led all interviewees to describe RPBs as a partnership that, in effect, rubber stamps *de-facto* decisions made in sub-groups that are largely closed to non-statutory members. Some RPBs also differentiated in their Terms of Reference between voting members and non-voting members, the former being drawn exclusively from statutory agencies. The fact that RPBs, by their very nature, are regional and cover several local authority areas also created difficulties and tensions. ASC contributors were keenly aware of their duties and accountabilities for their own area and were conflicted when it came to making decisions for a wider geography. Equally, they resisted any understanding of partners becoming decision-makers for their area.

It was very clear that the COVID pandemic had affected public services and partnerships very substantially. One advantage recognised by all contributors was the need to break down barriers to collaboration that, hitherto, had proved stubbornly intractable. A particular example cited by interviewees from all sectors, together with RPB Leads, was the way in which the third sector had proven its worth as regards community resourcefulness initiatives. A byproduct of these lead responsibilities was to shift the power dynamics within partnerships in the third sector's favour, whereby some TS interviewees described instances of greater inclusion in decision-making. Moreover, relationships of mutual trust were strengthened as statutory partners gained confidence in the third sector's professionalism and reliability as regards service delivery and the achievement of required outcomes. In some regions the early and full involvement of TS partners in emergency planning arrangements was found to improve the quality and substance of public service response.

All participants agreed that money and funding were very important factors within RPBs. There was a common view that, without the funding allocated by Welsh

Government via RPBs, the commitment of partners to the partnership would be much weaker. However, it was also acknowledged that the third sector was the Cinderella of funding allocation and often excluded from funding decisions. Language such as RPBs 'giving' money to the third sector was commonly used by statutory members, thereby illustrating a commissioner-commissioned perspective and not an understanding of inclusive partnership. Some RPBs recognised the need to support non-statutory partners, especially service user and carer members, to engage as fully as possible with RPBs and established support mechanisms to facilitate their involvement.

Interviewees were agreed that a key component of an effective partnership is trust. The building of trust-based relationships was identified as a most significant determinant of how well a partnership functioned. Consequently, membership stability was an essential enabler of nurturing trust. Where RPBs had experienced a frequent turnover of members and high levels of flux within the partnership, trust was experienced as weak and illusive. In contrast, RPBs whose memberships had been relatively constant had been able to dedicate much needed time to foster the level of trust needed to function as a collaborative. However, even in partnerships where trust was seen as high, there were experiences of how trust can be damaged by partners taking unilateral decisions, particularly about the allocation of funds. Such damage then takes a long time to repair and heal.

Interviewees from all sectors recognised that TS members had to earn trust in ways that were not expected of statutory members. This related mainly to confidence in the sector's competence and abilities. Once competence had been proven, doors were opened to a greater degree of inclusion. However, the differentiated power was again on display as TS interviewees expressed gratitude for being invited into spaces of power and influence.

Several ASC contributors described RPB relationships in transactional terms, where business is taken forward on a quid pro quo basis. TS interviewees described themselves as the poorer and weaker relations in this transactional environment, principally because they were not custodians of significant public service budgets. One ASC interviewee even alluded to a conspiratorial dimension to these transactions where partners would agree not to expose each other's weaknesses and failures in exchange for reciprocal silence.

All participants agreed that, despite the many difficulties and complexities associated with RPBs, there had generally been encouraging progress in developing relationships and improving mutual trust and confidence, especially when the common focus had been on a shared strategy.

The study found that issues of representation on RPBs by non-statutory members was a vexed matter. Because the third sector is so large, diverse and multi-faceted, TS members found it impossible to be regarded as a representative of the sector and preferred to understand themselves as a representative from the sector. This chimed with the requirement to recruit to RPBs people that represent the interests of the third sector. Interviewees from all sectors differed as to how effectively this was being fulfilled but agreed that the legitimacy of third sector representation depended on the effectiveness of the representative's contact and engagement with the sector. TS participants explained that statutory partners did not fully appreciate and accommodate the complexities involved in trying to engage such a dispersed sector in the business of a partnership. Such engagement requires capacity, which most TS organisations were not able to commit unless the business was of direct importance. Because Welsh Government wants a simple and convenient way of including the third sector, umbrella bodies such as CVCs are utilised due to their role as local, membership organisations. Many RPBs found it difficult to recruit someone to represent the interests of national third sector organisations. This was due to the business of RPBs not being of immediate relevance or importance to national organisations outside of locally commissioned services. However, some statutory sector interviewees expressed appreciation of the contribution of specialist organisations.

The experience of participants as regards the inclusion of service user and carer members in RPB members was that of frustration and even annoyance. It was felt by many to be unfair and unrealistic to expect service users and carers to participate in a very bureaucratic, jargon-heavy board environment. Interviewees commented that their experiences of service user and carer involvement were much more meaningful and productive in the sub-groups and engagement forums of RPBs.

10.3 Implications for Policy and Practice

There are numerous ways in which the findings of this study are significant and important for all involved in the work and development of RPBs in Wales. As a phenomenological study, the research has focused on the experiences of RPBs by members from different sectors and by partnership leads. As such, it sets out the grass roots, lived experience of what being on an RPB and trying to make a success of an RPB is like in practice.

The findings are important because they demonstrate that Welsh Government's expectations of and aspirations for RPBs are significantly unmet. It intends that RPBs become an expression of its ongoing policy commitment to partnership with people and the third sector in ways that are inclusive and ground-breaking. This is set out in many strategic documents, not least in Welsh Government's principal strategy for health and social care, *A Healthier Wales* (Welsh Government, 2021a). It is clear from this study that Wales continues to experience the difficulties and tensions of partnership governance, as set out in the literature review. Examples include the adoption of an approach akin to New Public Management whereby government seeks to control via the imposition of performance management arrangements, and the fact that the third sector has not become a partner of significant influence but one that is relegated to an inferior status within a hierarchy of membership.

The study highlights several, specific implications for practice:

10.3a Partnership Status

The discussion of the findings has demonstrated that the aspect of an RPB's entity that sets it apart from the partnerships and relationships of previous studies is its statutory status. It is not that RPBs are corporate bodies with executive functions, but that they are the product of a statutory requirement placed on local authorities and health boards in Wales. This creates an environment that changes the reactions, behaviours and attitudes of all involved, and avoids many of the impediments of voluntary partnerships studied in other places and contexts. Put simply, the statutory duty placed on local authorities and health boards means that they are required to make RPBs function. Without this requirement, involvement in and commitment to RPBs would be weaker and more inconsistent. This study's findings would support

Welsh Government's decision to retain the statutory status of RPBs, as set out in its Rebalancing Care and Support proposals (Welsh Government, 2021b).

10.3b Partnership Funding

Welsh Government has chosen to make RPBs responsible for determining the use of significant sums of money to take forward shared strategies and plans based on shared priorities. Participants in this study were clear that the availability of funding is a strong incentive as regards partnership involvement. This was certainly the case for ASC and HB interviewees, albeit that the amount of funding available via RPBs is a very small proportion of their total budgets. TS interviewees had a mixed experience in relation to accessing RPB funds, but they too saw their role as seeking to secure funding for their sector. Some ASC and HB participants stated that their commitment to the RPB would be peripheral if it were not for the funds available. This is relevant because the channelling of funds via RPBs remains a complex and controversial matter. The involvement of non-statutory partners in these arrangements has also created a context in which partners without statutory sector budgets are able to participate in the allocation of resources in a more accessible way. The funding of health and care provision via RPBs should continue as a key enabler of collaboration and cooperation. This is in line with Welsh Government's proposals (Welsh Government, 2021b) to continue to allocate significant amounts of revenue and capital funding via RPBs. However, this could equally be put at risk if the recommendations of Welsh Government's Ministerial Task and Finish Advisory Group on NHS accountability arrangements (Welsh Government, 2023e) were to recommend otherwise.

10.3c Partnership Development

All RPBs experience difficulties in establishing and fostering healthy, productive and creative relationships. Interviewees, without exception, emphasised that good relationships are the central and most important factor in a partnership's effectiveness. Issues of equality, trust and power are germane to these considerations. Whilst it is important to measure impact, demonstrate value for money and evaluate effectiveness, RPBs should equally invest time, effort and resource into partnership development. If this is seen as a soft and desirable, but not essential, aspect of partnership management, the RPB risks living with ongoing tensions, rivalries and relational barriers. The dangers and risks of board dysfunction

are seen starkly in Audit Wales' report on board effectiveness within the Betsi Cadwaladr University Health Board (Audit Wales, 2023). RPBs should prioritise the development of partnership relationships, and Welsh Government should monitor partnership development alongside partnership impact. This could be done by developing agreed monitoring criteria with RPBs, and by Audit Wales carrying out a structural assessment of RPBs akin to those carried out for health boards.

10.3d Governance Clarity

Confusion or different perspectives regarding governance arrangements have been the most vexing and frustrating issues for RPB members. This lack of clarity or lack of agreement continues to cause difficulties and problems for RPBs across Wales. Welsh Government expects that partnerships will pool responsibilities and decision-making authorisation. However, RPB members have different, and sometimes conflicting, views on whether such pooled arrangements are possible, even desirable. This gives rise to hierarchical governance arrangements that, in some instances, are exclusive and excluding. In turn, those members that are not included in the decision-making arrangements feel like second class members of a partnership. Where arrangements are more inclusive, it is invariably due to the tenacity and professional competence of TS members, who have won the confidence and permission of their statutory partners.

Welsh Government's Rebalancing Care and Support (Welsh Government, 2021b) proposals do not go far enough. They fall short of establishing RPBs as legal entities but do nothing to untangle the confused governance environment. This confusion is exacerbated in policy direction such as 'Further Faster' (Welsh Government, 2023a, p. 2) that expects health bodies and local authorities to implement a principle of "a genuine partnership of equals across the health and social care sector in its widest sense" including the third sector.

Issues of accountability, governance and responsibility should be clarified to manage the expectations of all members and help develop realistic and transparent relationships. Such clarity would deal with matters such as delegated authority of RPBs, the accountabilities of sovereign bodies and whether all RPB members should be regarded as having equal responsibility for decision-making. These improvements would be in line with the recommendations of a review of RPB governance arrangements carried out by Gwent RPB (Gwent RPB, 2023).

10.3e Service User and Carer Involvement

In 2021 Welsh Government established a review into third sector, service user and carer involvement in RPBs, the result of which was the production of a charter RPBs were encouraged to adopt (Welsh Government, 2022b). This charter set out ways in which RPB Chairs should support non-statutory members. However, this study's findings suggest that the legislative requirement to include service users and carers in RPB membership has produced significant frustrations, barriers and impediments. It has been unrealistic to expect general service users, often unused to a bureaucratic, board environment, to engage easily with the RPB as currently established and operated.

More meaningful engagement has been experienced in the networks and forums set up as part of, but outside, the RPB itself. RPBs should not be required to include citizens and carers in its membership, but should be required to evidence and demonstrate effective, meaningful engagement with people and carers, such that has influenced policy and practice. The monitoring of the effectiveness of this engagement should also be included in the suggested structural assessments of RPBs (see section 10.3c).

10.3f Partnership not Market

Despite numerous attempts by different governments in different parts of the UK, the relationship between the statutory sector and the third sector remains fundamentally market based, and market driven. Unless this changes to a new, partnership-based model it will never be possible to include non-statutory individuals and agencies in partnership arrangements without experiencing the commissioner / commissioned hierarchy that inevitably ensues.

Policy and strategy in Wales continues to place emphasis on collaboration, engagement and coproduction, but initiatives such as Measuring the Mountain (established to gather the views and experiences of people) and organisations such as Coproduction Wales have been initiated but not sustainably supported.

Welsh Government is legislating for a Social Partnership with trade unions to require collaboration and ensure the implementation of fair work principles (Welsh Government, 2022c). The bill is intended to embed the principle of social partnership in the operation of public bodies in Wales. This study suggests that it would be helpful if Welsh Government were to work with RPBs to explore principles akin to

those within the Social Partnership legislation to move away from a market-based cooperation to a partnership-based collaboration with the third sector. Existing mechanisms such as the Third Sector Partnership Council have not changed managerialist relationships. The proposals emerging from Rebalancing Care and Support (Welsh Government, 2021b) that put greater commissioning focus on quality than cost will do little to rebalance the marketised relationship with the third sector.

10.3g Umbrella Bodies

The almost default recourse to County Voluntary Councils and to Wales Council for Voluntary Action (WCVA) to represent the interests of the third sector continues to cause uncertainty and disquiet. The role of CVCs and WCVA is recognised in Welsh Government's Third Sector Scheme and it follows that such infrastructure bodies be expected to play a role in representing the voice of the sector within RPBs. However, notwithstanding the impossible nature of representation of such a large, multi-faceted sector, this study suggests this needs to be both a legitimate and legitimised voice. RPBs should include in their assurance frameworks checks and controls that clearly evidence the legitimacy of the representative voice of the umbrella bodies. This information could include, for example, the number and types of forums and networks facilitated by a CVC, together with membership and participation data. This information could also play a part in the suggested structural assessment of RPBs (see section 10.3c).

10.3h Regional or Local

There are ongoing difficulties and tensions regarding the balancing of regional and local priorities. This study demonstrates that many RPBs are suspicious of Welsh Government's motives in establishing regional partnerships. Some regions are so large that local agencies, particularly local authorities and third sector organisations, see little merit in regional plans but agree to participate in establishing regional strategies and plans to comply with statutory requirements. In such circumstances regional plans become a mere collation of local priorities. There are examples of RPBs successfully adopting a regional approach that has added value to the local and enabled improved collaboration and partnership. This has happened when there has been an obvious coherence to the region. Regional plans should be required within areas that possess a natural, regional coherence. This may necessitate a reconfiguration of regions, or the operation of sub-regions. However, the regardless

continuation of coterminosity with health board areas irrespective of its relevance to partners and, more importantly, to the region's population, will further embed tensions and increase resistance.

10.3i Learning from COVID

This study reinforces the post-COVID learning that it would be lamentable if the significant gains from an horrendous, global pandemic were not consolidated and progressed further.

It is important that the removal of unnecessary, bureaucratic barriers to cross-sector cooperation and partnership continues. These would include, but not be restricted to, reciprocal deployment of staff and the relaxation of disproportionate regulatory requirements such as mandatory training for volunteers.

Equally important is the provision of funding to support and deliver essential, grass-roots third sector support, such as the myriad of mutual aid initiatives that emerged and blossomed during the pandemic. This is particularly important as the squeeze on the public purse becomes tighter and the temptation to regard the proven bedrock of community resilience as an unaffordable priority becomes stronger. Welsh Government, local authorities and health boards should ensure that budgets are not 'reprioritised' in such a way that deprives Wales of the very early, preventative support that benefits people and public finances.

The COVID-19 pandemic brought into sharp focus the crucial relationship between the third sector and statutory sector partners. The third sector's professionalism and reliable delivery of supplementary and additional services (Young, 2006) helped to strengthen relationships of mutual trust, as well as improving the distribution of power between partners. This should embolden RPBs to review governance arrangements in order to improve inclusivity and ensure both equality and equitability. In practice, there need not be any RPB groups or sub-groups from which the third sector is excluded as a matter of policy or principle.

In addition, serious consideration should be given to the early and full inclusion of TS partners in emergency planning structures. Where this has happened, the ability and capacity of the partnership to respond to meeting need in such situations has been significantly enhanced and improved.

10.4 Research Limitations

As with any research project, the scope of this study had to be limited to ensure that the work was manageable and sufficiently focused. Consequently, there were aspects of the study that were restricted in scope and in scale.

This study was carried out with participants from three of the seven RPBs in Wales. Inevitably the perspectives and experiences are those of a minority of existing partnerships. Whilst this study offers a valuable, valid and legitimate glimpse into the experience of RPB members and leads, it clearly describes the experiences of less than half of RPBs. However, this limitation has been mitigated to some degree by comparing the findings of this study with other research that has explored similar areas of interest and operation in Wales and in other contexts.

Due to the practical difficulties that prevented the original intention to hold focus groups in addition to individual interviews, the study has not benefited from the different type and quality of information that would have been collected. This would have provided an opportunity for participants to interact with each other, thereby offering support, checks and challenges to each other's contributions. The information gathered would have emerged from a crucible of interaction, rather than from a one-to-one, semi-structured conversation.

Even though this study gathered the experience of interviewees about service user and carer involvement, for the reasons discussed (see section 3.6c) it did not include service user or carer members in its interviewees. Consequently, the findings are based on others' experience of what it's been like to have service users and carers as RPB members. Whilst this is of use and interest, it needs to be further informed by the experiences of citizen and carer members themselves. To some degree, this has been included by referencing the work of Welsh Government's own work with third sector, service user and carer RPB members (Welsh Government, 2022b), together with its commissioned reports into the impact of the Social Services and Well-being Act (Llewellyn, et al., 2022).

To ensure a comparable cross-section of experiences within RPBs, the study included RPB members from adult social care, health boards and third sector. This enabled a reliable analysis of the findings. However, within these broad categories there exists some diversity. For example, the ASC interviewee from one RPB may

have been the director of social care, whereas in another RPB it could have been the cabinet member. Equally, a HB interviewee may have been a board member or the chief executive. Whilst this does not invalidate or minimise the significance of the study, comparability is inevitably limited because the experience of a director will be different to that of a politician, which is different to that of a head of service or a board member. Nonetheless, the importance of phenomenological research is that the experience is valid because everyone, irrespective of role, has an experience unique to them.

It is not the intention of this study to explore issues of impact or value in relation to RPBs. However, it is acknowledged that experience alone is only part of the picture. Ultimately, RPBs are established to do things and to bring about positive change for people. Consequently, this study needs to be set alongside other studies that focus on impact to ascertain the extent to which the quality of partnership relates to the effectiveness of partnership (Llewellyn, et al., 2021).

10.5 Suggestions for Future Research

It is continually encouraged that others build on the learning that previous scholars have established. Indeed, it is a compliment for any researcher when others consider the research and find it sufficiently useful, interesting and stimulating to want to take it further. There are a number of ways in which this study could be broadened and deepened.

This research has limited itself to three of the seven RPBs in Wales. To gain a more comprehensive picture of the experience of RPB members across the whole of Wales, the methodology could be applied to the remaining four RPBs, which would enable a wider and more inclusive exploration of the phenomenon.

As Wales emerges from the ravages and constrictions of the COVID pandemic, it is feasible that the pressures on the diaries of key people would allow the organisation of focus groups. Were this to be the case, it would be beneficial to conduct focus groups that bring together ASC, HB and TS members from RPBs to enable the different type and quality of information derived from the interaction between focus group participants. This would add an additional and illuminating layer of information that would complement the information captured in one-to-one interviews.

This study has purposely not sought to explore the impact of RPBs via the experience of its members. However, in the spirit of holistic and reciprocal research, impact research and experiential research should inform each other and build a joint body of learning. It would be beneficial to take the findings of this research and map them against the impact research to ascertain the ways in which partnership experience influences partnership impact, and vice versa.

The expansion of the categories of interview participants to include lived experience RPB members, namely service users and carer members, would further develop our understanding of RPB experience. Whilst there is already information and research in this area (Llewellyn, et al., 2022), this is largely impact focused and in relation to the Social Services and Well-being Act, rather than exploring the experience citizens and carers have of RPB membership.

It is often remarked that legislation in Wales establishes two, primary strategic partnerships at local and national level, the Regional Partnership Board and the Public Services Board (PSB), the latter being a requirement of the Well-being of Future Generations Act. However, it is equally remarked that the PSB is the poor relation because, unlike the RPB, it is not used by Welsh Government to channel significant amounts of funding to incentivise and enable collaboration and nurture integration. A comparative study of PSB membership and RPB membership would help to highlight those areas of convergence and divergence that help or hinder multi-agency and cross sector collaboration.

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Appendix 1: Participant Information and Consent Form

THE THIRD SECTOR'S ROLE IN HEALTH, CARE AND WELLBEING POLICY: AN ANALYSIS OF THE EXPECTATIONS AND EXPERIENCE OF REGIONAL PARTNERSHIP BOARDS IN WALES 2018-2023

Information sheet

What is the research about?

This project will undertake a phenomenological study of Regional Partnership Board membership in Wales during their initial 5-year period. Unlike the evaluations that have been commissioned into the effectiveness or the impact of RPBs and the associated funding streams, this study seeks to explore the lived experience of RPBs from the perspective of their members in order to better understand the extent to which the partnerships have met the expectations and requirements placed upon them by government and, indirectly, by partners.

Who is the researcher?

Carl Cooper is a Doctor in Professional Practice researcher at University of Wales, Trinity St David (UWTSD). He is a member of Powys RPB and Chief Officer of the County Voluntary Council in Powys, Powys Association of Voluntary Organisations (PAVO).

Who has funded the research?

PAVO is funding this research as part of Carl Cooper's professional development.

Who is being invited to participate?

The research will conduct semi-structured interviews with 3 members from 3 RPBs in Wales. Interviewees will be drawn from the following three categories of members:

1. Local Authority – Adult Social Care
2. Local Health Board – senior strategic director.
3. Local Third Sector – County Voluntary Council

Three focus groups will also be conducted involving participants drawn from the other 4 RPBs in Wales and from RPB leads across Wales. The purpose of the focus groups will be to act as a sense check against the information captured from the interviews and to gather additional perspectives.

Involvement is entirely voluntary, and participants are free to withdraw from participating at any point, without giving a reason.

What will the research involve?

Research participants will be invited to describe and reflect on their RPB membership through a number of open-ended questions. These will include questions about their RPB, inter-sectoral and inter-organisational relationships, governance arrangements and the role of trust and power dynamics.

The interviews and focus groups will be conducted virtually via Zoom, Google Meet, MS Teams or over the telephone. The interviews and focus groups will last about an hour and will be recorded. Recordings will be stored securely. Aside from the cost of your time, there will be no costs incurred by your participation.

Your contribution will help improve our knowledge in this important area of partnership and collaboration in Wales.

What will happen to the information I provide?

The recording of the interview will be transcribed by the researcher. Personal data or special category data, as defined by data protection legislation, which could be used to identify you, such as names, dates, ethnicity or geographic locations, will then be removed.

UWTSD is the Data Controller. This means that the University is responsible for processing your personal data and will do so securely in accordance with data protection legislation. As a public research institution UWTSD processes your personal data on the basis that doing so is necessary for our public task, is for research purposes which are in the public interest, and is subject to necessary safeguards.

At the end of the research project UWTSD will archive research data. Archived data will be processed securely, in accordance with data protection legislation, and only shared with third parties under appropriate licensing agreements with information that may directly identify you removed. Once archived, data will be stored for a minimum of 10 years.

What will the information be used for?

The information you provide will be used for research purposes only, and may be discussed at events, such as conferences, or used in publications, such as articles, reports or web pages, and other research outputs. Direct quotations may be used. Wherever the information you provide is used it will always be in pseudonymised form with all identifying information removed.

What rights do I have?

Once you have provided your information to us, you have the right to opt-out at any time and request the removal of identifying information in accordance with data protection legislation. If you choose to do this, we may need to keep a small amount of information about you to ensure that your record can be identified (at your request) in the future.

Who can I contact if I want more information?

If you would like more information about this project, please contact Carl Cooper:
Email carl.cooper@pavo.org.uk

**THE THIRD SECTOR'S ROLE IN HEALTH, CARE AND WELLBEING POLICY:
AN ANALYSIS OF THE EXPECTATIONS AND EXPERIENCE OF REGIONAL PARTNERSHIP
BOARDS IN WALES 2018-2023**

Consent Form

Researcher: Carl Cooper

Please place an X in the relevant box next to each statement below, then enter your name and today's date. Please do not leave a statement blank. If you are filling out this form electronically, either insert an image of your signature or retype your name in the 'signed' section. **Please return via email to carl.cooper@pavo.org.uk**

By completing and returning this form you will be considered to have given your consent to participate in the study. If you have any questions about the research or the statements below, please do not hesitate to contact Carl.

Statement:	I agree	I disagree
The researcher has offered to answer any questions I might have about the project and how the information I provide will be used.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my participation is entirely voluntary and that I am free to withdraw at any point, without giving a reason.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the information I provide will be used for research purposes only, including research outputs such as events or publications, sometimes as direct quotations. I understand that identifying information will be removed.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my personal data being recorded, processed in compliance with data protection legislation and shared with University of Wales Trinity St David where necessary to meet research, project administration and funding requirements.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to the information I provide being archived with University of Wales Trinity St David. I understand that archived data will be processed securely, in accordance with data protection legislation, and only shared with third parties in pseudonymised form under appropriate licensing agreements.	<input type="checkbox"/>	<input type="checkbox"/>
I have read and understood the information sheet and understand who will have access to the information I provide, how the data will be stored and what will happen to the data at the end of the research project. I agree to take part in this research.	<input type="checkbox"/>	<input type="checkbox"/>

Name (Interviewee)

Role

Organisation

Date

Signed

Name (Researcher)

Date

Signed

Please return via email to carl.cooper@pavo.org.uk

Appendix 2: Semi-structured Interview Guide

Title: Lived Experience of RPB membership

Date:

Time:

Interviewer: Carl Cooper

Interviewee:

INTRODUCTION

Introduce the study – Exploration of people’s experience as RPB members. – not an evaluation or performance report.

Introduce yourself – D Prof student and researcher / RPB Chair / CVC CEO

Inform interviewee of confidentiality

Inform interviewee/respondent of anonymity

Inform interviewee of right not to answer a question if they do not wish to

Inform interviewee of right to stop the interview at any time without jeopardy

Remind interviewee of their written consent to participate and check they’re still happy to proceed.

Get consent for audio/video recording

QUESTIONS

1. How would you describe your experience as an RPB member?

Prompts: Have you enjoyed your time as an RPB member?

Why did you become an RPB member?

If you are an ex-officio member, would you choose to be a member if you weren’t required to be one, and why?

Would you recommend to others that they seek to become an RPB member?

What has been the most rewarding thing about being an RPB member?

What has been the most frustrating thing about being an RPB member?

2. What’s your experience of equality within the partnership?

Prompts: Are there insiders and outsiders?

If yes, do you feel like an insider or outsider?

3. Can you describe the part trust has played in the operation of the partnership?
In what ways have you seen trust or lack of trust play out within the partnership?
Prompts: Is information freely shared?
Is there open and candid discussion?
Is there constructive, reciprocal challenge?
Confidence in partners competence could be seen as essential to the development of partnership working – do you think there is confidence in each other’s competence and if so, how is this manifest?
4. The role of service users / citizens & carers is important in the RPB, in terms of the legislation and guidance and in statements of intent by the RPBs themselves – what’s been your experience of their involvement?
Prompts: Why do you think citizens & carers are included?
Is their involvement meaningful & rewarding?
5. How do you think the third sector is regarded in the partnership?
Prompts: Funding
Independence
partner / provider conflict of interest
Compromising charitable purpose
Stifling third sector advocacy
6. What have the governance arrangements been like for you?
Prompts: Who makes decisions & where are they made?
Who is in control
Where does power lie?
How are statutory requirements & accountabilities handled?
Who are rowers & steerers?
Whose space is it?
7. Has the RPB made a difference for the better?
Prompts: Have there been positive outcomes for people because of the RPB?
Have services become more effective?
Have organisations brought about greater effectiveness & efficiency?

CLOSING

Concluding statement

Thank the respondent

Inform them of what will happen after the interview

Provide contact information if they need to contact the researcher about the study

Appendix 3: Excerpts from Reflective Research Journal

11-11-2021

Conducted semi-structured interview with [REDACTED]
[REDACTED]. Director of Social Services, [REDACTED] C.C.
Surprised, even shocked, at Jake's willingness to be open, frank and candid. Interesting that he said how refreshing it was to consider the effectiveness and purpose of the RPB, rather than evaluation and impact of the partnership.

Clearly a person that is informed and thinks widely about related issues such as democracy and the nature and function of partnership, governance etc.

I found myself having to be disciplined in order to protect objectivity of the research. It would have been easy to enter into debate with him regarding his views + opinions.
- something to discuss with supervisory team at our next meeting.

28.01.2022

Hit a brick wall + feeling a bit frustrated + thwarted. Spent weeks trying to arrange focus groups involving key people from targeted RPBs. We are in the middle of winter pressures and COVID peak wave. It's crystal clear that I'm not going to be able to get people together online due to diary pressures and impossibility of reconciling calendars.

I have an idea for a plan B - additional interviews with RPB leads. Not ideal but would add scope + depth to the research.

Will test out feasibility + discuss with supervisory team asap