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Promoting public health in Norway:

A case study of NGO – public sector partnership using

The Bergen Model of Collaborative Functioning

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Innhold

Abstract

Purpose: The purpose of this study was to further test the applicability of the Bergen Model of Collaborative Functioning (BMCF). Experiences in working in a newly established partnership were investigated. The applicability of the BMCF as a structuring tool was assessed.

Method: A case-study methodology was applied. The main data was provided through semi-structured interviews with 11 informants. The case investigated is a county-initiated multi-level partnership working to improve public health.

Results: The results show that the partners are committed to their mission and believe that the partnership has future prospects of achieving results. The mission's current interest, the partners' commitment and interactions between them has created positive cycles of interaction. Vague structures, unclear roles and uncertain time- and financial frames have resulted in negative cycles of interaction. The BMCF may work as a structuring tool helping to clarify goals and structures.

Conclusions: The data clearly revealed elements of inputs, throughputs and outputs as suggested in the BMCF model. The inputs have been identified as the uniting mission, the context, partner resources and financial resources. The throughputs have been identified as input interaction, structure, rules and roles, communication and leadership. The BMCF proved to be a useful framework for studying the collaboration. The BMCF may be a useful tool for structuring an established partnership, but these findings are not conclusive.

Keywords: Partnership functioning, collaborative functioning, partnership, collaboration, synergy, environment, context, health promotion, nongovernmental organisations, multi-level partnership, municipality, county, local council

Norsk sammendrag

Hensikt: Hensikten med denne studien har vært å videreteste anvendbarheten til 'Bergen Model of Collaborative Functioning' (BMCF). Denne oppgaven har sett på erfaringer av å arbeide i et nylig etablert partnerskap. Den har videre vurdert modellens egnethet som et strukturerende verktøy.

Metode: Et Case-study design har blitt benyttet. Hovedkilden av data kommer fra semi-strukturerte intervjuer med 11 informanter. Tema for oppgaven er et partnerskap initiert av en norsk fylkeskommune for å forbedre folkehelsen gjennom samarbeid på flere nivå.

Resultater: Resultatene viser at partnerne er engasjert i målene. De har stor tro på at partnerskapet er nyttig og at det har utsikter til å oppnå resultater. Dagsaktuelle målsetninger, engasjerte partnere og tilstrekkelige interaksjoner har resultert i positive samhandlingsmønstre. Vage strukturer, uklare roller, usikre tidsrammer og økonomiske rammer har påvirket samarbeidet negativt. BMCF har fungert bra som et verktøy for å skape strukturer og for å definere klarere mål.

Konklusjon: BMCF viste seg å være et nyttig analyseverktøy. I materialet ble elementer tilsvarende input, throughput og output identifisert, i samsvar med den modellen. Input som partnerskapets felles målsetning, kontekst, partnerressurser og økonomiske ressurser ble avdekket. Throughput som interaksjoner, strukturer, roller og regler, kommunikasjon og ledelse. Modellen kan tenkes å kunne fungere som et strukturerende verktøy for å bedre samhandlingen i et allerede eksisterende partnerskap, men det kan ikke konkluderes på bakgrunn av denne oppgaven.

Nøkkelord: Partnerskap, samarbeid, samhandling, synergi, miljø, kontekst, helsefremmende arbeid, frivillige organisasjoner, flernivå partnerskap, fylkeskommune, kommune

1.0 Introduction

1.1 Collaboration for public health

Collaboration is about bringing different partiers together to solve a problem. It is about combining the resources of diverse organisations and people to view a case from different angles (Gray, 1989). Through collaboration parties can reach new solutions that transcend their own limited vision of possibilities. Gray uses the parable of blind men touching an elephant. Because they all sense different parts of the animal their descriptions differ wildly. None of the descriptions are false or wrong, they are all important and real, but limited. Separately none of them has an overall perception of the concept elephant, but if they put their experiences together, they can get a better perspective of what it really is. Due to the complexity of many societal challenges, collaborative ventures are increasingly established from governmental initiatives. The more complex issues of modern society's health problems have encouraged states to collaborate with nongovernmental organisations and several levels of governments (Lasker & Weiss, 2003).

Reaching a successful collaboration is time- and resource demanding and producing and proving results have been one of the main challenges for such collaborations. The overall agreement on the advantages tied to collaborating has switched collaborative research in the direction of *how* to collaborate. Several elements have been identified as central, in which synergy is a key word in much collaborative research. The aim is to create synergy within the collaboration. Synergy occurs when the combination of partner resources produces results that are greater than any single one of them could do separately (Lasker, Weiss, & Miller, 2001). Other possible outcomes would be additive; in which the collaboration does not offer anything more than any of the partners would be able to do on their own (Corbin & Mittelmark, 2008). Collaborations that do not work as intended drain the partners of resources without being able to produce the wanted results. The outcome is termed antagonistic outputs by the same authors.

1.1.1 Collaboration and health promotion

The World Health Organisation's (WHO) definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" is a basis for health promotion work and research (1946). Health promotion is defined by WHO as

"the process of enabling people to increase control over, and to improve, their health" (1986). As a result of the first international conference on health promotion, the Ottawa Charter states that health promoting action means building healthy public policies, creating supportive environments, strengthening community actions, developing personal skills and reorienting health services (World Health Organization [WHO], 1986). In this is implied that issues of health and health promotion goes beyond health care, it is a endeavour spanning several sectors and levels; it demands taking into account the complexities and interrelatedness of social structures. It is a more or less established truth that 90% of health and health outcomes are results of societal factors and only 10% are affected by the health care sector (Wildavsky ref. in Helsedirektoratet, 2010, p. 32). The responsibility for creating healthy outcomes is a shared responsibility and such health promoting initiatives need to be on long terms. The WHO enhances the benefits of partnerships and their capabilities for sharing expertise, skills and resources when addressing these issues (WHO, 2005).

In Norwegian policy this comprehensive approach to health is reflected in recent public health work (Helsedepartementet, 2003; Helsedirektoratet, 2010; Helse- og Omsorgsdepartementet, 2006 - 2007, 2008-2009). This policy will be discussed in more depth in section 3.1; page 19. One of the means to meet these aims has been to encourage every County Administration to establish collaborations or partnerships in order to promote public health. One of these partnerships has been the subject of investigation in this thesis. The case at hand will be analysed and described using the Bergen Model of Collaborative Functioning (BMCF) (Corbin, 2006). This model is a tool for identifying factors facilitating as well as hindering successful collaborative functioning. The model will be supplementary introduced in section 2.3, page 16.

1.2 Study Aims and Research questions

This case study has been an investigation of the collaboration between multi-level governmental institutions and non-governmental organisations using the Bergen Model of Collaborative Functioning as a research framework. The study had two aims where the first was to further test the models utility by applying it to a new setting; this time a public/ private partnership. The second aim was to investigate the model's applicability as a structuring tool in a young and growing partnership. The partners were recently introduced to the model and this study aims at investigating if the partners perceived any changes in partnership functioning as a result of this.

The research questions are as follows:

- What processes and factors facilitate collaborative functioning in 'Partnerskap for Folkehelse'?
- What processes and factors hinder collaborative functioning in 'Partnerskap for Folkehelse'?
- How does the environment affect collaborative functioning in the partnership?
- To what extent has the introduction of the Bergen Model of Collaborative Functioning affected the collaboration?

2.0 Background

There is a widespread interest in collaboration and it is reflected in the literature in numerous fields: in economic literature, sociology, health care, media, international development, business, labour, government and more (Brinkerhoff, 2002; Endresen, 2007; Gray, 1989; Mitchell & Shortell, 2000; Wandersman, et al., 2005). Collaboration has been increasingly preferred in state affairs in many nations in the last thirty to forty years (Alter & Hage, 1993; Lasker & Weiss, 2003). When addressing community health problems many of the challenges cannot be solved by one sector or one organisation alone (Butterfoss, Goodman, & Wandersman, 1996; Israel, Schulz, Parker, & Becker, 1998). Such complex problems call for combinations of skills, knowledge and resources (Mitchell & Shortell, 2000; Zuckerman, Kaluzny, & Ricketts, 1995).

There are several benefits of collaborating on multiparty problems. They provide for communication between different parties, enabling them to gather their resources instead of working separately on mutual goals (Wandersman, Goodman, & Butterfoss, 2005). Collaboration can be used to solve conflicts between parties (Gray, 1989). The democratic principle of giving people a right to a voice in matters affecting them is but one compelling reasons to collaborate on community challenges (Lasker & Weiss, 2003). Many of the challenges affecting health and well being in communities are affected by and need approaches from several levels from local to international initiatives (Lasker & Weiss, 2003; Lasker, et al., 2001) Collaboration gives an increased potential for discovering innovative solutions. The response capability is strengthened through a variety of actors and bureaucratic obstacles are more easily overcome (Gray, 1989; Sullivan & Skelcher, 2002). The incentives to collaborate may vary from sector to sector and the shape of it varies likewise but the parties involved must share an interest in a common problem. Collaborative partners are called stakeholders (Gray, 1989). By gathering people and organisations with diverse knowledge and experiences, there is an increased opportunity to achieve results and to affect decisions for a specific cause (Lasker, et al., 2001). Simultaneously, it holds the potential to complicate it through power struggles, colliding organisational cultures, languages and expectations (Lasker & Weiss, 2003). The bottom line of a collaborative venture is the idea that two heads think better than one. By joining people with different backgrounds and different cultures (organisational or personal), together they can achieve new and pioneering results. Many challenges in society will not be solved by simple solutions.

The terms used to describe collaborations reveal the same abundance of definitions as the reasons to form them: community-led initiatives, contracts, inter-organisational co-operation, joint ventures, partnerships, policy networks, principal-agent relationships, public-private partnerships, social networks, strategic alliances, consortia, alliance (Corbin, 2006; Mitchell & Shortell, 2000; Osborne, 2000; Weiss, Anderson, & Lasker, 2002). The literature is scattered and the authors seldom refer to each other (Endresen, 2007). Despite the profusion of words and definitions, the main features remain somewhat the same: The stakeholders are equally responsible for assessing needs and taking measures to achieve their agreed-upon goals (Sullivan & Skelcher, 2002). They are interdependent of each other and reach solutions by constructive work (Gray, 1989). A partnership should have long-term goals and commitments where the stakeholders have a collective responsibility for future directions. Their joint ownership of decision making demands that they are able to cooperate and negotiate with a diversity of offices. There can be actors of different sizes and "social weight" but their differences are what bring them together. Equity between the stakeholders is a fundamental asset and while working within the partnership setting they need equal power of influence (Lank, 2006). The aim of a partnership is to achieve outcomes larger in sum than the inputs; creating a collaborative advantage (Huxham, 1996).

2.1 Challenges

Establishing a collaboration is financially, time-wise and personally cost-demanding (Lasker & Weiss, 2003). An allocation of personnel, meeting space, time and money are but some of the required resources. Problems that are ill defined and that several stakeholders have an interest in are the ones with grounds for collaboration. Parties can only be expected to collaborate if they believe they have something to gain as not all problems or challenges are fit for a collaborative venture (Gray, 1989). The will to collaborate comes first, the manifestation of the specific goals thereafter. When establishing goals, the partnerships' goals must be spelled out through consensus building (Gray, 2004). The increased establishment of partnerships has compelled more knowledge of their outcome (El Ansari, Phillips, & Hammick, 2001). The diversity of partnerships with different partners involved in a variety of settings make partnerships hard to compare. The long-term that often characterise them makes it difficult to prove any causal connections to their outcomes (Lasker, et al., 2001). Even if partnership working is expected to be efficient and cost-saving, many

partnerships do not live long enough to produce the wanted outcome. Near 50% of partnerships do not survive their first year (Kreuter, Lezin, & Young, 2000). Working in a partnership is a demanding process where much time must be spent on establishing consensus (Corbin & Mittelmark, 2008; Gray, 1989). Allocations of risks and losses are perceived differently by the stakeholders depending on their emotional and psychological roots. Success depends as much on processes of legitimising parties' interests as on the substantive outcome (Gray, 1989). Through short-term evaluations the partnership functioning can be revealed and may prevent a too early closure (Corbin, 2006; Weiss, et al., 2002).

2.2 Partnership functioning

The numerous advantages to collaboration make it an idea easy to agree upon (Lasker & Weiss, 2003). Endeavouring on more complex matters may be facilitated by a sharing of risks, costs and resources and it is easy to imagine it will be profitable (Guest & Peccei, 2001; Zuckerman, et al., 1995). The effectiveness however, has been difficult to document (Butterfoss, et al., 1996; Corbin & Mittelmark, 2008; Lasker & Weiss, 2003; Wandersman, et al., 2005). In an attempt to meet this challenge, Wandersman, et. al (2005) has suggested focusing on elements within the partnership structure that enables it to function as wanted. Thus shifting the focus from results onto "What works?" and in turn focus on strengthening and elaborating such elements. If the strength of a partnership is the variation and width of the resources provided it cannot be expected to produce successful outcomes until those resources are properly exploited. Only then can one expect successful outcomes (Butterfoss, et al., 1996; Lasker, et al., 2001; Roussos & Fawcett, 2000). Consensus building through common goals is central, but not sufficient for successful collaborations. For effective implementations the organisational infrastructures and operative processes; a well-functioning cooperation, is vital (Corbin & Mittelmark, 2008; Lasker & Weiss, 2003; Wandersman, et al., 2005).

Corbin (2006, p. 13), defines partnership as "a collective working arrangements which intend to produce synergistic outcomes; they are entered into with the intention to function at some higher order than the partners are capable of without one another". This definition focuses on the processes within a partnership and how they interact, rather than the form of the partnership (Corbin, 2006).

There are certain elements within and around a partnership construct that impacts functioning. Such elements may be partner relationships, trust and partner characteristics. Leadership, efficiency, financial resources as well as the environment also plays significant parts (Corbin & Mittelmark, 2008; Jones & Barry, 2011; Lasker, et al., 2001; Vangen & Huxham, 2003; Zhang & Huxham, 2009). The interaction between these elements and their interrelatedness has been subject of recent research. When working successfully, their interactions can produce not only results, but preferably results greater than any single one of them could produce on their own; synergistic outcomes. Synergy is a key element in research on partnership functioning. It is defined by Lasker, Weiss and Miller as "more than the mere exchange of resources. By combining the individual perspectives, resources and skills of the partners, the group creates something new and valuable together - a whole that is greater than the sum of its parts" (2001, p. 184). It can be illustrated as 2+2=5. Synergy can result in more creative, diverse and practical ways of thinking through strengthening relations and enabling stakeholders to attain results (Lasker, et al., 2001; Weiss, et al., 2002). Achieving it should be viewed as a goal in itself as it can facilitate a more coherent approach to a problem. A successful partnership would be one that manages to generate synergy within and between partners. Synergy is also dependent on each stakeholders' advantages to participate, compared to working alone. A partnership able to maximise its full collaborative potential, can achieve synergy.

Synergy is related to six dimensions of partnership functioning: Leadership, administration, efficiency, non-financial resources, partner involvement and the environment (Weiss, et al., 2002). Synergy correlates strongest with leadership efficiency and partnership effectiveness. This is confirmed by Jones and Barry, them adding trust as an important factor (2011). If the partnership resources are not properly taken advantage of, the outcome may suffer. Disparity of power, different organisational cultures and jargon have negative effects on partnership functioning (Baron-Epel, Drach-Zahavy, & Peleg, 2003; Lasker & Weiss, 2003). The most central factors influencing synergy and partnership functioning will be presented in the following.

2.2.2 Leadership
The ideal partnership should foster equal stakeholders, but will still be in need of a leadership for coordination and for implementations. A competent partnership management is a key component of success (Baron-Epel, et al., 2003; Metzger, Alexander, & Weiner, 2005).

Leading a partnership is different from other management fields (Lank, 2006; Lasker, et al., 2001; Silvia & McGuire, 2010). A good partnership leader has the ability to manoeuvre in the area between ideology and pragmatism (Corbin, 2006; Lank, 2006; Vangen & Huxham, 2003). Such a leader must pay attention to coalition infrastructure and functioning and simultaneously understand the context each stakeholder is working within (Wandersman, et al., 2005). S/he must have an eye for strategic planning and the ability to build bridges between different cultures (Wandersman, et al., 2005; Weiss, et al., 2002). Disparate perceptions can hinder collaborative thinking and a leader with the ability to reveal and challenge oppositions can accommodate open dialogue and consensus building (Lasker, et al., 2001; Weiss, et al., 2002). This kind of collaborative leadership is particularly important in health promoting partnerships (Jones & Barry, 2011; Silvia & McGuire, 2010). Leadership efficiency is a facilitating factor in partnership functioning and collaborative leadership is the one factor that contributes most to partnership synergy (Baron-Epel, et al., 2003; Jones & Barry, 2011; Silvia & McGuire, 2010; Weiss, et al., 2002). The type of leadership structure is dependent on the partnership structure, but the decision must be thought through as any leader character will easily be perceived as having more power than the rest of the group (Lank, 2006).

2.2.3 Communication

Sufficient and good communication is a vital part of a well-functioning partnership. As a partnership often consists of representatives from various organisations with different cultures and routines, the establishment of a common jargon is necessary. It will help laying the foundations for getting to know each other beyond positions and titles. Personal relationships are a prerequisite for creating trust and avoiding misunderstandings (Lank, 2006). Good relations inhibit competition and helps support the formality of the partnership (Sullivan & Skelcher, 2002). The best way for stakeholders to communicate is face-to-face (Corbin & Mittelmark, 2008; Lank, 2006). Lank (2006) claims that there is no substitution for face-to-face meetings until good working relationships are established. They are fundamental for building good relationships and one or two early meetings will not do the trust-building job. Good relationships are the foundation for good cooperation. By providing plentiful and regular opportunities to socialise, the stakeholders can build trustful relationships. Particularly important are the informal settings outside the established programs. Trust, power and motive are central issues in any collaboration and such issues need to be confronted (Sullivan & Skelcher, 2002).

Information flows tend to be treated as a by-product of collaborations (Lank, 2006). The partnership should have an ambition of establishing a culture of sharing where an instinct of thinking "who else needs to know this?" should be established whenever they come across relevant information. Keeping everyone in the loop will better the flow of information, in turn facilitating exchanges of motivation and trust (Sullivan & Skelcher, 2002). The flow of information must be balanced as both too much and too little information can hinder the flow of collaboration (Corbin, 2006). Between regular face-to-face meetings telephone and e-mail are good ways of communicating over longer distances. Any introductions to new technology tools must be thought through. The time and effort required to establish them are easily underestimated and there is a risk that they will not be used as planned (Lank, 2006). The establishment of new lines of communication need to be done in consensus with the stakeholders.

2.2.4 Structures, rules and roles

The planning and launching phase of a new partnership has a few key elements emphasised as a partnership calls for alignment of the stakeholders and the agreement on goals (Brown, 2005; Lasker & Weiss, 2003; Wandersman, et al., 2005; Weiss, et al., 2002). Beyond the overarching aim of the partnership, clear and short-term goals may strengthen the partnership. Goals should be specific, measurable, agreed, realistic and time-related; SMART. The stakeholders should get feedback on their work (Lank, 2006; Wandersman, et al., 2005).

Even if the aim of the partnership has been scoped from a strategic and organisational perspective often the individuals involved do not experience such alignments (Lank, 2006). A formalisation of rules, roles and procedures may assist the creation of a willing and responsible environment (Wandersman, et al., 2005). They boost exchanges, enhance investments and increases commitment. More formalisation helps the establishment of routines and enhances the prospects of sustainability. There are great challenges related to meeting and handling group dynamics inside a partnership with all its personalities, statuses and powers (Wandersman, et al., 2005). Structures and roles must be specific enough to meet the objective of the partnership, at the same time vague enough to maintain partner autonomy (Lank, 2006). Organising the members and clarifying their roles are necessary measures to achieve success. The delegation of tasks and responsibilities to match a stakeholder's interests and strengths can facilitate participation and increase involvement. While taking into account the diversity of the stakeholders as organisations and as individuals the formalisation of rules

may enhance the partners' commitment and satisfaction and increase their will to invest in a mission (Weiss, et al., 2002). On the contrary; with blurred and unclear roles, there is a potential for conflict (Huxham, 2003). An example may be where an organisation's funding is connected to a set of rules laying limitations on how the money is spent or demanding specific results (Lasker, et al., 2001).

2.2.5 Trust

Trust is a prerequisite for effective collaboration (Gray, 1989). It is an important determinant for synergy and is positively correlated with team performance, satisfaction and commitment (Costa, Roe, & Taillieu, 2001; Jones & Barry, 2011). Trust is a somewhat intangible phenomenon that is experienced more in its absence than its presence (Armistead, Pettigrew, & Aves, 2007). It is something presumed to be present by many and is a phenomenon more or less taken for granted (Jones & Barry, 2011). A trustful environment makes it easier for partners to reveal their interests. By getting to know each other personally they may experience interconnectedness, realising their effect on each other and how they need each other to solve the problem (Gray, 1989; Lank, 2006). Trust-building mechanisms should be built into the partnership structure from early beginnings. It must be maintained throughout the collaboration and education is advised for the partners to understand the importance of it (Jones & Barry, 2011).

2.2.6 Context

Contextual elements can render enough urgency to create a partnership or a mission (Corwin, 2009; Gray, 1989). Rapid economical changes, technological changes, as well as global interdependencies and the blurring boundaries between business, government and labour are all factors affecting the incentive to collaborate (Gray, 1989). Events outside the partnership may influence the partners' perception of interdependencies. Identity is constantly shaped and is affected by the environment. The context may even affect the development of trust (Zhang & Huxham, 2009). Legislations, new competition or technologies and political decisions may all affect a partnership's scope (Lank, 2006). The ability to shift focus quickly can be one of the greatest benefits of working collaboratively. Contextual elements have been given great focus in theoretical literature, but this has not yet been given much attention as an influential factor of collaborative functioning (Corbin, 2006).

2.3 The Bergen Model of Collaborative Functioning

The Bergen Model of Collaborative Functioning (BMCF) has been developed at the University of Bergen in an attempt to meet some of the challenges connected to measuring partnership functioning (Corbin, 2006). The model is a continuation of the work of Wandersman, Goodman and Butterfoss' open systems framework (Corbin, 2006; Wandersman, et al., 2005). It is a framework for analysing partnership functioning. The model presents different phases of a partnership and identifies elements affecting partnership functioning in the respective phases. The emphasis is on the actual functioning of a partnership rather than the production rate or the achieved outcome. The BMCF was developed after a qualitative analysis of partnership processes. Thus it differs from the theoretical majority of research on partnership functioning (Corbin, 2006). Until now the model has been applied in four different scientific projects, one of which has been published. The partnerships studied vary in mission and size; a global partnership for health promotion, a partnership within a hierarchical hospital setting, a partnership of interest groups to affect public policy and a partnership between donors and NGO in Kazakhstan (Corbin, 2006; Corwin, 2009; Dosbayeva, 2010; Endresen, 2007). The model has been applicable to all of these settings. As the use of the model has grown, so has its actuality and it is currently in use in a larger health promotion project in the EU (EuroHealthNet, 2010).

BERGEN MODEL OF COLLABORATIVE FUNCTIONING
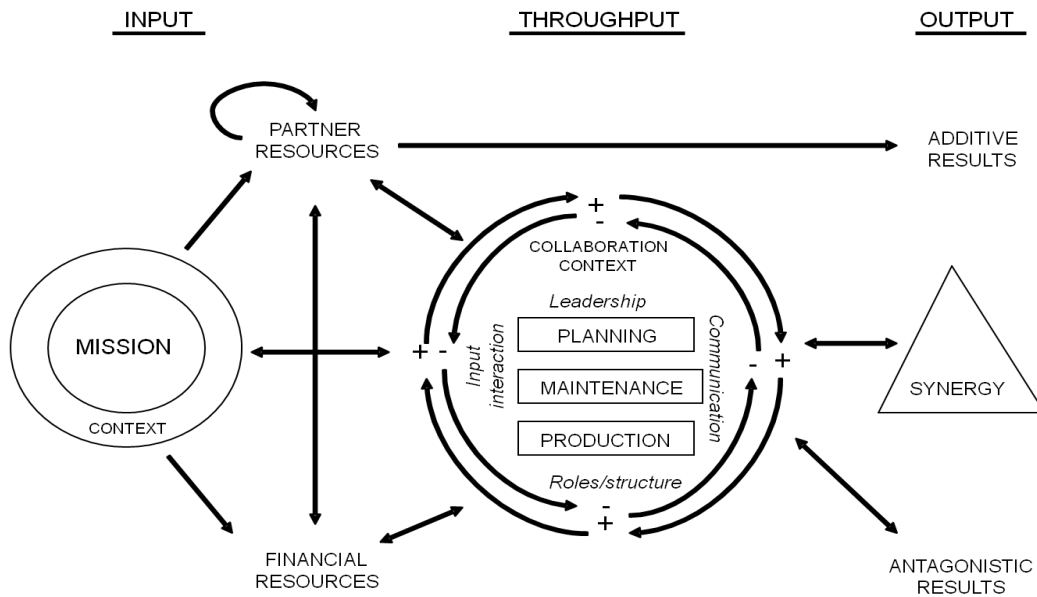
Fig 1 Bergen Model of Collaborative Functioning

Three different phases are described in the model; input, throughput and output. The first phase, input, consist of elements brought together to shape the partnership. These are contextual factors, partner resources, financial resources as well as the mission. The mission motivates the partners to join the partnership. Contextual factors hold the potential to create urgency and to increase willingness to invest. They may facilitate or inhibit collaboration through media interest, laws and regulations, new knowledge and more. Partner resources are skills, connections, time allocations, commitments and so forth. Financial resources can facilitate travelling, provide meeting spaces and face-to-face meetings. Sufficient funding can also facilitate production (Endresen, 2007).

Throughput consist of the planning, production and maintenance tasks in which reveal partnership functioning. Good planning assists production. Production tasks are accomplishment of results in accordance with goals. An attentive maintenance of partner relations can strengthen and improve collaborative environments. Planning, production and maintenance are continually influenced and interacting with Input; mission, context, partner and finances. In turn, these interact interchangeably with leadership, communication, structures, rules and roles. All these interactions can create loops enforcing each other. The

outcomes of these interactions are shown in Output. Output can be synergistic, antagonistic or additive. The aim is to use this model to identify such loops of interaction.

The BMCF is complex, but it comprises the central elements of collaborative research such as leadership, communication, structure, rules and roles (see section 2.2.1, page 12). A lot of the research focusing on partnership functioning is biased in detecting positive results (Dowling, Powell, & Glendinning, 2004). This model encompasses both positive and negative outputs. The interactions of all these factors affect partnership functioning. These interactions are not linear; the loops of interaction make the model dynamic (Corbin, 2006). It provides an understanding of the processes and for improving the collaboration. Both positive and negative loops can be present simultaneously. Positive loops create synergy. All elements work together in a fruitful way, plays each other strong and creates results greater than the sum of its parts; 2+2=5. Negative loops result in antagony. The collaboration drains resources without being able to produce results. Too strong negative loops will eventually result in a resolving of the partnership. An antagonistic output can be illustrated as 2+2=3. A third possible output from these loops of interaction is additive which can be found where interactions are not strong enough to develop more than what has been brought in. The partnership does not drain resources, but it does not add anything either. A result where the stakeholders could just as well have achieved the same without the partnership, is additive. The outcome has not been affected by the constellation; 2+2=4.

3.0 The Case

3.1 Health promotion in Norwegian public policy – the context of the case

Within most countries there is a connection between socioeconomic position and health condition, so also in Norway (Sosial- og Helsedirektoratet, 2005). These differences form a gradient where population groups with low income and/ or low education in general has poorer health than groups with higher social status. Most factors determining peoples' health are beyond what individuals can influence (World Health Organization [WHO], 1986). The government has declared long-term commitments to meet some of these challenges and to reduce differences ([WHO], 2000; Helsedepartementet, 2003). One of these actions has been a decentralising of responsibilities from state to local councils (LC), increasing the local autonomy (Fosse, 2002) Through stimulus packages the state has encouraged local governments to prioritise state ambitions and projects. However, these packages are often limited in time and the central government has little influence on the continuation of these projects. The ambition of bettering public health, increasing local knowledge and improving interdisciplinary cooperation has resulted in national initiatives like "Helse i Plan" ("Health in Planning"), grants for physical activities with low-entry barriers, establishing health profiles of all local councils as well as the present 'Partnerskap for Folkehelse' – (Partnership for Public Health) (Helsedepartementet, 2003; Ouff et al., 2010). A high anchoring within the LC structure has been advised to ensure continuation of the programme (Fosse, 2002; Ouff, et al., 2010).

Through a coming reform of the health care sector; 'Samhandlingsreformen', more emphasis has been laid on the preventive and health promoting responsibilities of the LC's (Helse- og Omsorgsdepartementet, 2008-2009). Such responsibilities are not new. As early as 1860 attentiveness towards public health was a responsibility of the LC's (Helsedirektoratet, 2008). What is new is the emphasis on cooperation and coordination of the work between different sectors. Recognising the complexity of the task this approach span multiple sectors. The County Administrations (CA) have been given a central role in enhancing cross-sectored and interdisciplinary cooperation (Fosse, 2002; Folkehelseloven, 2010). They already have a great impact on public health as their responsibility covers upper secondary education, dental health and public transport (Helsedepartementet, 2003). They have been instructed to take charge of their regional development by involving local councils and relevant actors for

health promoting work (Helsedepartementet, 2003; Regionaldepartementet, 2006-2007). The county governors are to facilitate this work by working interdisciplinary and by expressing state ambitions towards the LC's (Helsedirektoratet, 2010). More than 60 % of the nations' LC's have become partners (Helsedirektoratet, 2010). The aim is for the LC's to establish a position; a public health coordinator (PHC), to work strategically towards politicians and to anchor health promotion[1] planning within the organisation.

The orientation towards health promotion needs to be further developed with regards to both quality and capacity (Helsedirektoratet, 2010). There is need for an increased knowledge about challenges and approaches (Sosial- og Helsedirektoratet, 2005). Both central and local governments are to keep a survey of their local health conditions as well as the factors affecting health and illness (Folkehelseloven, 2010; Helse- og Omsorgsdepartementet, 2008-2009). Issues concerning health and disease are to be considered by all societal sectors (Plan- og bygningsloven, 2010; Kommunehelsetjenesteloven, 1982). By developing knowledge of causal connections and establishing tools for comprehensive approaches, all levels of society can work more effectively to promote health. Because half of Norway's 431 LC's have less than 5000 inhabitants there are also challenges connected to the provision of sufficient competencies and capacities (Helsedirektoratet, 2010; Helse- og Omsorgsdepartementet, 2008-2009). Evaluations done so far concludes that cooperation within most counties are well functioning (Ouff, et al., 2010). However, the PHC's positions are often part-time and not centrally anchored. There is some uncertainty connected to whether these kinds of structures are to continue in the future (Helsedirektoratet, 2010).

3.1.1 Partnerskap for Folkehelse in Hordaland – the case
Hordaland County consists of 33 local councils spreading over a relatively large area. Hordaland is mountainous with many fjords. The roads are in some areas in poor condition making communications challenging. There are several hours of driving to cross. Bergen, Norway's next biggest city of 256.600 inhabitants is the biggest council, while the smallest is Modalen with 344 inhabitants; Norway's next smallest council (Store Norske Leksikon, 2011). The council sizes vary and so does their challenges. Some has great increases in

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[1] The term "Health Promotion" has not a sufficient translation into Norwegian. "Public Health" is commonly used, covering both the health promoting and the preventive aspects. Both terms will be used in the following; Health Promotion where this is clearly the case and Public Health where also the preventive aspects are considered.

population with many young, others are struggling with depopulation where the population are ageing.

'Partnerskap for Folkehelse' was established in Hordaland in 2006 (Hordaland Fylkeskommune, 2007-2008). Hordaland was one of the last Norwegian counties to establish such a partnership. The mission of the partnership is "More good living years with good health for all" and "Reducing health inequities between social and ethnic groups, women and men" (Hordaland Fylkeskommune, 2010-2011). The partnership was initiated by the CA inviting all the LC's to join. Through the establishment of a public health coordinator in each council it is expected that the LC experience increased knowledge and initiatives and give a higher priority to health promoting work. The volunteer sector; the non-governmental organisations (NGO's) are important actors in the partnership. They offer vital practical contributions as well as their high expertise in their fields. By introducing non-governmental organisations and LC's to each other, the partnership structure is an initiative to increase awareness and relations as well as to establish new ways of working and collaborating.

At the time of this research, eight LC's and five NGO's were partners in addition to the CA and county governor. The County Administration (CA) contributed 2, 2 positions. The County Governor had one representative in the partnership. Each of the 8 LC's had one person representing them. 7 of the LC's had a designated position, a Public Health Coordinator, working with public health within the LC and towards the partnership. The size and length of these positions varied greatly. While some had 40 % engagements, others had 100 % permanent positions. The NGOs also had one representative each in the partnership. They had made internal allocations and each stakeholder did partnership work on top of his/her normal day-job. Since the start of this, the partnership has grown and now consists of 22 members; 14 LC's, 4 NGOs focusing on physical activity, one on public health as well as a regional hospital.

4.0 Methods

4.1 The Case Study Methodology

Qualitative methods are well suited when "how" and "why" questions are being posed. They are useful in gaining holistic information on processes and programmes (Creswell, 2009). The Case study design is well suited for investigating real-life and contemporary events and was chosen for this research project (Yin, 2009). If the aim is to understand more about a certain group or institution, as in the present case, they are particularly well-suited (Kvale, Rygge, Brinkmann, & Anderssen, 2009). Through a case study the researcher is enabled to do detailed investigations and to explore complex interactions that can yield valuable in-depth knowledge. It is well suited to reveal dynamics of relations between individuals and situations (Kvale, et al., 2009). All are relevant issues concerning the present case. One of the characteristics of case studies is the application of multiple sources of evidence to triangulate the findings. Such triangulation can help the researcher in finding a deeper understanding of the information at hand. This can help to ensure a "harder" evidence base (Yin, 2009). By studying documents, web pages and relevant sources of information in addition to the interviews, information can be examined from various angles. Observational data can be obtained underway.

Interviews have been a main source of information for this study. They have been compared towards each other and towards documents and internet pages to validate information. The theoretical framework on partnership functioning is solid, but the practical knowledge still has a ways to go before being adequately explored (Corbin, 2006). In this perspective, using a qualitative case study methodology seems both necessary and reasonable for this case. This design will acquire in-depth knowledge on personal experiences, not attainable through quantitative methods. The Case Study approach has been utilised in the previous research using the BMCF model (Corbin, 2006; Corwin, 2009; Dosbayeva, 2010; Endresen, 2007). Continuing this tradition may facilitate both verifiability of the process and the generalisability of the findings. This thesis' addition to the knowledge base can be of assistance in the assembly of a greater evidence base for this model (Yin, 2009).

4.2 Data Collection

4.2.1 Document Data

The documents under study for this thesis were national policy documents and documents acquired from the partnerships' home pages. These cover the background of the partnership, its mission and goals, as well as accomplished projects. The documents helped in describing the case and served as a preparation for the researcher before conducting the interviews. After the interviews they served as a source of comparison between the interviews and the context (Kvale, et al., 2009).

4.2.2 Participants

Imperative for qualitative research is to conduct a sufficient amount of interviews to reach a saturation of the material. But too many interviews may result in poor analysis because of time and resource limits (Kvale, et al., 2009). At the time of data collection for the present case, the partnership was relatively small. A need for a rich data collection had to be weighted against the ability to present the results anonymously (Kvale, et al., 2009). From 17 possible informants, 3 were excluded. The exclusions have been done on a basis of requirements for knowledge, not on basis of any kind of personal interest. The selection was decided upon in cooperation with the co-supervisor[2] of this study, due to her being in possession of inside knowledge of this partnership. The exclusion left 13 participants who were all invited to participate. Three recipients were reminded once after which two replied positively. The third did not follow up and was not contacted again. One recipient declined participation. The final number of informants was 11. The selection secured a wide range of participants involving partners in County Administration, Local Councils and the volunteer sector. The range also covers differences in the organisations regarding size, economy, geography and seniority in the partnership.

4.2.2.1 Access

The co-supervisor distributed the invitation letters to all selected partners via e-mail, see appendix 1. The hope was that her engagement for this research could trigger a larger

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[2] The co-supervisor is also a partner in the partnership. She has formerly used the Bergen Model of Collaborative Functioning in her own research. The role of the co-supervisor will be discussed in this chapter and more thoroughly in sections 4.4 Ethical considerations, page 26 and 6.4 Methodological considerations, page 75.

number of participants to join. Emphasise must be made that only the invitation to partake was distributed via her. All further communication and responses were between the researcher and the individual participant only. There have been no indications, neither before nor after the interviews that any of the partners felt pressured or obliged to participate (Kvale, et al., 2009). The invitation letter informed the participants that their partaking was voluntary that they were free to withdraw at any stage of the process. It also stressed the independency of the researcher towards the co-supervisor and that all shared information would be treated confidentially. The interview guide was distributed along with the invitation letter. Consecutively the following weeks, each participant was contacted by the researcher via e-mail, in some cases by telephone. Agreements were made for time and place of the interviews.

4.2.3 Interviews

A semi-structured interview guide was developed based on the research questions and the Bergen Model of Collaborative Functioning (Corbin, 2006), see appendix 2. It was developed in cooperation with the co-supervisor to ensure that relevant questions such as for example "What facilitates cooperation?" could elicit rich data. The guide was used as a framework for conversation but each interview took different characters. New knowledge was expected to develop the guide under way. Therefore the researcher allowed the informants to touch upon relevant subjects under way, not keeping strictly to the guide (Kvale, et al., 2009). However, no topics from the guide were omitted. The whole guide and every question were covered with each participant. The participants were reminded of the confidentiality of the researcher and they were invited to acquire the written transcript of the interview. All but one of the informants asked for the transcript, one gave additional comments in retrospect. This invitation was done in an effort to enhance the validity of the information (Creswell, 2009).

No pilot interview was held. Yet, as the first interviewee was the co-supervisor, the first interviewed served as valuable practice for the researcher. The interviews were conducted during a period of 8 weeks from October- December 2010, the majority of them within a 3-week period. On one occasion two interviews were held in one day. The conversations were open, allowing the participants to elaborate on relevant issues. The researcher has made every endeavour to avoid leading questions.

4.2.3.1 Interview settings

All interviews were conducted face-to-face and the setting was chosen in agreement with the participants. Most interviews were held in the informants' offices or in their workplace. Two were held in private, undisturbed settings and one was held in an empty café. By meeting the informants in their normal work sphere the researcher got valuable observational data through an understanding of the informants' experiences and view-points (Kvale, et al., 2009). All interviews were held during working hours, the earliest at 08.15, and the latest at 17.00. The interviews lasted between 42-120 minutes; most of them approximately 60 minutes. A digital recorder was used and gave good sound quality to the data. All informants agreed to be recorded. In a few cases the interviews had minor interruptions, but the flow of the conversations was not broken. On one occasion the recorder malfunctioned due to battery shortage. This prolonged the interview more than necessary and did disrupt the flow. The interviewee was not asked later to elaborate as the data were satisfactory. Informants were told when recordings started and ended.

4.3 Data Analysis

The analysis of qualitative data is an ongoing process throughout the study (Kvale, et al., 2009). The aim is to reveal meanings through a deeper understanding and a feeling of the information. From the preparation of the interview guide, via the conduction of the interviews through to the analysis of the material, a continuous reflection has taken place. Notes and memos on themes and categories have been written underway. The process of analysis has pursued the following three steps. First documents and literature were reviewed to acquire an overview of both theme and case. This step resulted in the research questions and an interview guide (Yin, 2009). Second, the interviews were conducted and transcribed into written, standard text. The third step investigated and categorised the gathered material.

4.3.1 Transcription

As an effort to preserve much of the observational experiences, the transcriptions were done soon following the interviews. The recorded interviews were transformed into typed documents using a computer. Many interviews were held within a short time-frame and one interview was not always readily transcribed before the next was held. All transcripts were

finished within the beginning of January; one to two month after the interview phase started. The act of transcribing can have diverse approaches according to the study aim (Kvale, et al., 2009). In the present case the researcher has tried to give an accurate and verbatim transcription of the conversations (Polit & Beck, 2008). However, in a few cases half-finished sentences and pause words were omitted in order to maintain the flow of the conversations. All words and pauses that had the potential of being relevant for the analysis stage were kept. Oral language was transformed into standard Norwegian bokmål, avoiding recognition of different dialects. All words describing physical activities (sports, hiking, walking, training, etc) have been altered into "physical activity" to maintain anonymity of the informants. To ensure reliability each interview was listened to several times to ensure that subject matter was correctly transferred.

4.3.2 From text to result

The process of interpreting and investigating transcripts involves the researchers' production of a narrative (Kvale, et al., 2009). The transcribed material was meticulously read several times before categorisation took place. The analysis was done in two stages. The first stage was to conduct an open structured approach and to enable a deeper understanding of the data (Creswell, 2009). The transcribed material was read and grouped without considering the BMCF and its factors. This was done to ensure a critical investigation of the material as well as the model. This approach would provide the opportunity to disclose potential elements not yet covered by the model. The second stage of categorisation was the process of connecting these categories towards the BMCF. Recurrent themes and perspectives from the first stage gave valuable perspectives for the second stage. In the second stage the selected quotes were categorised according to key words and processes within the BMCF and the study questions. The process of eliciting quotes for presentation in this thesis has been done in several rounds. The researcher has tried her best to ensure that the views of all informants are reflected and presented in the final results.

4.3.3 Translation from Norwegian to English

All interviews were held in Norwegian to ensure as correct an understanding as possible. The material was kept in its original language throughout the analysis and only translated after the final selection of quotes. Focus was laid on maintaining a correct meaning

of the quotes, rather than a direct word-by-word translation. The translation of the quotes has been safeguarded through proof reading by others well versed in English.

4.4 Ethical considerations

In the transition from the exploration of individual perceptions onto making findings public, cautious steps must be taken (Kvale, et al., 2009). Throughout the process of any qualitative project ethical considerations must be made and so also in this study. In advance of this study, the researcher had no connections to the partnership or any of the partners. In this is the important exception of the co-supervisor being both a partner and a door-opener to this project. Efforts have been made throughout the process to avoid bias and to avoid being influenced by her opinions. The main supervisor has been actively consulted throughout the whole process for a triangulation of opinion. This being a master's thesis, the researcher is inexperienced. This may have influenced the quality and richness of the material. This may particularly be true with regards to the interviews.

As mentioned in section 4.2.2.1 Access, page 23, the invitation letter stressed that participation was voluntary and un-binding. This was further enhanced by the researcher in the beginning of each interview. At the time of the interviews this was a small partnership, making their diversity of aims and interests possibly transparent. Efforts have been made to secure anonymity. Personal or organisational-specific turns of phrases have been omitted or altered. See also section 4.3.1 Transcription, page 25. All quotes are presented without links to neither person nor any code of identification. None of the quotes has been presented to the co-supervisor without the above mentioned reservations. To protect the integrity of the informants a correct recitation of meaning has been strived at throughout the whole process (Creswell, 2009).

In advance of this study approval was applied for to Norsk Samfunnsvitenskapelige Datatjeneste (NSD). The ethical aspects were approved, see appendix 3. All data material has been kept safe and secure in accordance with NSD's regulations. The Norwegian Region Vest biomedical ethics committee was also contacted. They concluded that there was no need for asking them of approval, see appendix 4. All data storage on computers has been protected by passwords. Sound recordings will be deleted at the end of this study, at the latest after two years.

5.0 Results

The final analysis stage applied the BMCF and the results will be presented accordingly in the following. The findings are in harmony with the elements of the model; inputs, throughputs and outputs have been identified.

5.1 Inputs

Four different inputs were identified; the uniting mission, the context, partner resources and financial resources. This is in accordance with the latest suggestions for the BMCF (Corwin, 2009).

5.1.1 The mission

The various stakeholders have a diversity of personal and professional backgrounds. Their organisations have different cultures and approaches as they aim at different goals and at reaching different groups in society. The mission brings them together. The main mission has been agreed upon by all informants. Even if their reports are somewhat varying, their overall perceptions are the same. The partnership's mission is "More living years with good health in the general public" and "Reducing health inequities between social and ethnic groups, women and men" (Fylkeskommune, 2007-2008). The mission is agreed upon, but their descriptions of the characteristics vary. Some perceived the mission as fuzzy, others found it quite clear:

> *I: Well, I don't know if public health is indefinable, it is probably more long-term.*
> *AH: But it may be a bit difficult to measure short-term effects.*
> *I: No, but if you look back: we have prolonged life expectancies with more than 30 years in the western world. In 100 years. That is gigantic. I'm not worried about being able to measure prevention. To me that is distant; the wrong questions are being posed. It is more an question of time-frames.*

The experience of a "fuzzy" mission was not necessarily perceived as a negative:

> *It is a bit up to each individual. Because as I said earlier; some work for 250 000 whereas others work for 1,000 people. So it's like - it must be goals that you can either put much or little into in each local council. The goals must be adaptive.*

This being a long-term mission for health promotion allows it to cover many aspects of life. The wide range allows almost anything to pass as a brick in the wall. A few does not see this as a conflict, but many of the informants expressed a need for breaking the over-arching mission down to smaller, more definite goals. Some asked for some kind of end measure; some way of knowing if results have been achieved and if goals had been accomplished:

> *But the total goals perhaps are vaguer. Is it a decrease in sick-leave? Is it fewer hospitalisations? By which parameters does one measure? That would have been interesting to know; what are the criteria for success?*

When the mission is vague and hard to define, the way to achieve results may be unclear. The two following quotes capture this well:

> *I1:If this is to be set in the LC's I believe we should be working more specifically with them. Setting time frames; making projects, sort of. Now, it is too vague it becomes…we look at them and then….*
> *AH: Are they not specific enough or not committing enough?*
> *I1: Yes, both. They follow each other: to me, when something is vague it becomes less committing.*

> *I2: When working with public health where there is social inequity and partnerships and living habits and living conditions it is difficult to know which ball you should juggle first.*

The overarching mission of improving public health was mentioned by most of the partners, while others focused on the mission for their collaboration; the aim of creating synergy:

> *I1: The aim is to make each other better. We shall receive help and provide help and maybe get better at clarifying what [we] do. We have some ways to go there. I think we can improve there. But surely it is for us to utilize each other's competencies. With the local councils included we can collaborate with them and tell them what we have to offer.*

> *I2: The mission is to generate synergy into the work in Hordaland. And when we put it like that: we are to move from project-oriented towards long-term systematic work - that is the main objective. The aim is also to work for more good living years and to decrease social inequity.*

The mission and the partnership also have societal aspects:

I1: The partnership is a way to try making the LC's take their responsibilities as public actors and not as the healthcare sector. It sort of fits into the new 'Samhandlingsreformen'.

I2: Actually, I`ve been missing that; putting physical activity into a societal and somewhat grander context. As I said earlier physical activity has always been viewed as convenient and nice to have yet when it comes to putting it into a context where it can prevent both physical and mental illnesses - as well as improving peoples' lives – it has been neglected. Or it hasn`t been included in that setting.

The diversity of stakeholders was reflected in their approaches to the mission. The non-governmental organisations (NGO) had a much clearer definition of the mission than the rest of the partners did. As the theme of the mission is a vital part of their statutes and their set of values, they seemed to more easily relate the mission to their own areas of expertise. This has shaped their perception of the mission and what they can offer to partake in. The aim of reducing health inequities was not mentioned specifically by any of the NGO's. Most of them mentioned the importance of offering easily accessible facilities for inactive groups:

We want to take a social responsibility. We want to include the inactive and we want to reach those who would never consider joining us because we see it as important. (…) But not necessarily for them to become members or to be a part of the organisation but because we feel it is important.

The decision of the CA to establish the partnership was the starting point from where they invited others to join. The tactic chosen for this is described in the following:

We have four actors on physical activity. The reason for their inclusion is due to the fact that when you start doing public health work in the LC's it is easy to target inactivity. Or added numbers in activity. Or finding those groups with the greatest need of activity. These are measures that draw attention, society is attentive to it. It is somehow good to encourage collaboration with those kinds of NGO`s. Then you have consolidated it; it legitimises them as participants in this work.

Even if there is a unison agreement on the importance of the mission there seems still to be diversities in the driving forces for joining. The process of launching this partnership has been long and some of the informants expressed scepticism towards the CA's commitment to the partnership and its mission. A similar kind of scepticism was also found directed towards the LC's commitment. One of the partners expressed clearly that the organisation had no mission beyond receiving money from the CA. Another interviewee maintained that his/ her

organisation actually loses money by joining but the urgency of the mission overshadows their losses.

5.1.2 The context

The context can be described by elements that are not in direct affiliation with the partnership, but still have an effect on it. Various contextual elements can have such effects, for example laws and regulations, governmental decisions, timing, media interest, evidence-based research, etc. An important feature in these results was the element of anchoring within the organisations. The positioning within the administrative system has been identified as an important factor affecting planning, production and maintenance tasks. The context has been found to be of great influence to this partnership, both positively and negatively.

The establishment of a PHC-position and the work on public health within the local LC's is voluntary. But with the coming reform in the health sector will give them much stronger obligations. 'Samhandlingsreformen' instructs the LC's to consider and to ensure their public's health to a much larger degree than before. The reform's potential for creating urgency was mentioned by two of the stakeholders. Overall the partners seemed to have a positive attitude towards the reform and its possible effects on their partnership. One informant expressed frustration over the lack of interest from his/ her council on these issues:

> *Within the LC the aim is not on public health work which is one of three or four different headlines in 'Samhandlingsreformen'. One of them is preventive and health promoting work. Yet the focus is not on this it is only on collaborating with hospitals and on receiving treated patients. The other part is not mentioned. So that is a – challenge. The fact that it is their sole foci counteracts because there we are alone, to put it like that.*

A new law is underway, committing the LC's to health promoting work to a larger degree than before. The law has been known for some time. Almost all of the informants from the public sector mentioned it:

> *But it is clear that legislation is important because it commits. And the fact that we have a new legislation I find very exciting. It demands [the mapping of] health-related consequences in decision-making and requires the implementation of health promoting factors into social planning.*

There is also a relatively new law committing the CA in new ways:

> *When it is a law then obviously it helps a lot because then your results will also be measured. When it is volunteer, it is volunteer: you can either make it a high priority or a low as nothing. But now as it is legislation then they have to take it seriously.*

Because this particular partnership was one of the last to be established on a national level they have had the possibility to learn from the other CA´s. This has aided them to come a long way in a short while.

> *... and perhaps with an even greater awareness than several of the other counties because we can learn from their processes. Which we already do. We ask (…)"When you did this what happened?"And then they say "Ooo, you mustn`t think of doing that". Then we can talk to a different county who perhaps did something similar, but with a successful outcome. "What was it that made you succeed where the others failed?" And these may not have talked to each other whereas we can: ok, they did it like that, maybe we can do it like this and this…*

Governmental decisions and publications increase urgency:

> *What is enhancing or positive; this theme is frequently in the media these days. It is in many principal speeches and is present in all plans from the CA- and state- levels. Public health, health promotion, physical activities; these terms, they are very central.*

Media interest may contribute as it can influence the perception of urgency. The timing seems to have been right for this mission:

> *Physical activity and nutrition it is wherever you turn. BT[3] runs series; there are new nutrition-facts on their way. All this - it being trendy - affects the work we do. It makes it somewhat easier.*

Despite the positive effects media interest can provide, these effects may have the opposite effect in certain cases:

> *I: Then you add it to a political body. And we see how this is sometimes tricky because after the public health group has prioritised such and such tasks they proceed to donate 200 000 to MOT[4] -all on a politicians' suggestion. Or to something equally exiting - documented or not. Then there is a lot more interest in that and they fund it more than you had planned. They are the politicians; they`re the ones in charge.*
> *AH: So it can actually serve as an impediment?*

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[3] Regional newspaper
[4] MOT is a NGO working to improve youth attitudes and increase individual independence

I: Yes, at its best it works to promote, but there is some resistance because they quickly jump to readily visible measures.

Knowledge of factors affecting public health has aided the partnership in that focusing on these issues is thought to be of a great necessity and urgency. One of the partners expressed great eagerness in the effects of such knowledge:

Social inequity is always on the agenda. Living conditions are always on the agenda. "Levekårsundersøkelsen"[5] in Bergen council has given impressive extended effects. They use it; the politicians use it in everything they do.

The long-term mission may affect political interest, influencing financial allocations. Some informants were pessimistic:

To me it seems like they don`t dare focusing on preventive work because the effects require several years before they will be evident. Take an imaginary example: imagine that (...) gets an additional 100 million a year and that those were for saving 300 million a year. The effects could take 10 – 15 years to manifest. Nobody can wait that long, but then I don`t really know how we can achieve it. (...) But to somehow measure the effects on public health; if it leads to a decrease in prescribed sick leave or use of medications... it is very difficult. Even if you have studies to show that is the case.

Another emerging aspect was tradition. One informant emphasised that a general perception of public health work is that it is related to kindness and that it is not necessarily perceived as prestigious. The status a cause is given affects the urgency and the size of financial allocations. For this partnership's mission to advance in public opinion, s/he warrants"fighters" for the cause:

I: To put it like this; Trond Giske had greater authority than Anniken Huitfeldt[6] within the cultural sphere. Not just because they are of different gender, they differ as politicians as well. And into this work I would prefer more people I don`t like - that can fight. Because the friendly, kind, well-thinking and well-intended don`t always have the needed impact. And it could very well be that in some cases you fare better with a "bulldozer" in your team.
AH: Hm… interesting

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[5] A larger survey done in order to map social inequities, income, education and more in relation to living areas.
[6] Two Norwegian Ministers of Culture

I: Yes, but if this is to be important: Who do you need to convince? From whom will you get the funding? Who are the spokespersons? ... And we have an old tradition for well-intended Christian organisation and other moral index fingers that have dealt with this. That is a tradition within this work that is not necessarily beneficiary to bring along.

In a continuation of this, the same informant emphasised that this work lack public interest groups:

Another tricky part of health promotion is the lack of interest groups. There are interest groups on heart, cancer and other issues [with] very strong economic interest where there often is a common interest between patients and professions.

Four informants described how the internal anchoring affected production:

Being organised further up the system I think you would have had more clout as it would lend weight to your claims. Coming from below is seldom easy. So I think one could have been clearer I think, with a different way of organising.

Contextual factors influencing this partnership has been identified as governmental decisions through laws and reforms, experiences from similar partnerships, internal anchoring, media, scientific research, political will and public opinion.

5.1.3 Partner Resources

A range of different partner resources were disclosed. They span from individual passion to an organisation's expertise and networks. To be able to elaborate on these differences they will be presented in two sections:

5.1.3.1 Individual Input

The individual inputs consist of professional as well as personal contributions. Skills, networks, knowledge and working hours are some professional inputs. Commitment to the mission, use of personal time, sharing experiences and establishing friendships are examples of personal inputs.

The partnership consists of partners with a great variety of both educational background as well as experiences. Their professional time is allocated by their employer; the member organisation, but their priority of partnership work is still an individual priority:

I spend a great deal of my work time on the partnership. I am also a very structured person and thus feel I contribute a certain structure to this partnership.

Almost all informants replied that their skills, backgrounds and knowledge are contributions to the partnership. The overlapping interest of the mission and the partners' every- day work tasks enables them to contribute their skills and work-time. A passion for the mission was emphasized by several. They also contribute personal time and efforts. No one solely works with the partnership; it is an integrated part of their professional positions. In this is implied that there is not a certain amount of time earmarked for partnership work.

I do feel this is something I am passionate about, the work with physical activity. To facilitate, to make things happen - it is constantly on my mind outside working-hours as well. I spend a lot of personal time in finding good solutions to this.

Some of the partners have part-time positions, but their passion enables them to spend more time:

And of course being in a [part-time] position you spend more than that. In addition, things happen in afternoons and evenings and on the weekends. There is also time spent reading and such, even though I really should spend more.

Their various backgrounds and experiences open doors for the partnership to access many personal networks. Half of the informants reported this to be a vital input:

I1: I have the advantage of knowing several people within the [administration] as well as in the LC itself. Then I have talked to people; "Where are the resources?"

I2: I think networks are of the utmost importance and this partnership is one of my networks. Having a network and people to call is a major asset when working sector-spanning with public health.

Both personality and personal interest contributes valuable inputs. Many partners report of a great passion for the mission:

AH: Do you have any personal contributions to the partnership?
I: Yes; commitment of course and my good-humoured nature. No really, I find this important. I honestly and sincerely feel it is important. I believe we must commit to this and [we] need to think fresh-minded and take different approaches than we have done since the fifties and onwards.

Working with and in the partnership was generally described as both joyful and stimulating. Everyone had positive reports of their gatherings. All informants described the rest of the partners as positive and interested people.

This has resulted in a will to meet and to maintain contact. Their relationship and the atmosphere they create is important. The positive atmosphere is a vital reason why they give their meetings a high priority. The diversity of personalities are vital contributions. The following quote may illustrate:

> But to say stuff like:"No, this will never work" is the dumbest thing to ever tell me - or perhaps the best. Because if I have made up my mind: that is the way it is. In this [case] you have one such example. They said something like:"Are you crazy? You won't achieve that". Which made me go: "Why not?"

5.1.3.2 Organisational Input

All organisations provide time for their employees to partake in partnership meetings. Almost all of the public organisations donate a position wherein some of the tasks are designated at partnership work. The NGO's does not provide such positions, but it is something that most of them wanted in order to enhance this work. The sizes of the positions differ from several positions down to smaller, part-time positions. The reasons for this may be varying. Motivation or interest may influence and one of the partners put it this way:

> There is no obvious connection between the amount of inhabitants within a council and how big the position is. It is perhaps more related to what kind of interest there has been to achieve something in this work field.

Also organisations can make their connections and networks accessible for the rest of the members. All organisations provide knowledge and capacity in their specific area of expertise. The CA has extensive knowledge on health promotion and partnership functioning. They also have a general overview of projects and funding. The LC's have a hands-on knowledge of their local challenges and populations. The NGO's provide networks of volunteer together with their great knowledge in their specific areas of expertise. But not all organisations contribute much:

AH: But concerning this partnership specifically; what kinds of resources does your organisation contribute?
I: For the partnership? Not much. The only contribution is to show up in the gatherings. And that is maybe one or two persons.

There are some differences between the volunteer and the public sector. The NGO's seem to have a greater passion for the mission. A passion for a similar cause is the driving force of their organisation. They would be doing this kind of work regardless of a partnership. They spend time on this partnership despite a lack of financial gain – because they see it as an important cause.

On our budget we allocate money for public health work. Then we use human resources in the manner of several employees having this as part of their jobs. (...) We use quite a lot of human resources on this, much more than the contributions from the CA.

Because of their structure, the NGO's have the opportunity to easily join and participate in projects. They can accomplish results quickly and at relatively low cost:

There is a foundation in our organisation which we can add to project resources. We have an office; we have the infrastructure in place that makes us able to do new projects. But that foundation is sort of based in memberships and member's funding. If we receive money (...) we can do work more easily because we have the apparatus for it.

The NGO's representatives tend to have a higher anchoring within their organisation than the public sector has. This gives them higher decision latitude:

We are organised in a way that enable us to manage our tasks easily. We are not dependent on large and heavy processes to implement things. That is actually quite positive.

A comparably low anchoring may be outweighed by a focus and an interest within an organisation:

But the LC is interested in this work and they have worked with health promotion for a long time. (...) I guess they have focused on that way of thinking.

The organisations' motivation to join has been unclear to many. Financial motivations were mentioned by some. But also a need and want for more knowledge:

I believe that many of the partners have joined because of the financial gains in this. And I also believe that many are insecure of how to do health promotion in a good way. To me it is very clear and we try to identify it as clearly as possible in the agreements we make.

The mission and the possibility to improve public health was a common answer to why they joined:

Having the experience of doing a job where you contribute in giving people better health is motivating in itself. You know it is a positive work field and that you enable others to manage…. well, it is positive.

Individual inputs in this partnership have been identified as time, both personally and professionally. Skills, networks and expertise are contributions for future production, while passion and personality contribute in creating a positive atmosphere and to build relations. The organisation's inputs are the establishment of a position, knowledge, human resources and the allocation of time.

5.1.4 Financial inputs

Financial contributions are a central input to the partnership. Funding provide the partners with resources for travel, for attaining conferences, for overnight stays, meals etc. Sufficient funding enables the partners to meet face-to-face, an important aspect for networking. There is principle of Dutch treat between the state, the county administration and the LC's. The main financial inputs in this partnership come from the state. These are transferred as block funding via the CA. From the CA, funding has been provided to the LC's. The CA provides for 50% of the salary for the Public Health Coordinators. In addition, they provide a yearly pot of varying sizes, designed as a fund to which the partners can apply for specific projects. The CA provides a list of topical sources on their web pages. The CA's financial inputs are in three parts.

As a direct input to the partnership, each organisation provides salary and office space for their representative. For specific tasks, they provide employees and their salaries.

AH: What kinds of resources does your organisation contribute?
I: That is a question of definition because all our resources are spent on activities. I'd say we spend a lot of resources.

The NGO's have a tighter economy than the public organisations. Their contributions come from member fees and public/ private endowments. The partners use many different sources to obtain additional funding. Other sources are other departments within the CA, private and public foundations, as well as their "mother organisations". As these kinds of money seldom come *without* regulations, they have a tighter frame to navigate within. Therefore, it may seem like the volunteer partners need funding to do work and projects that are not a part of their everyday tasks.

> *There is the limitation in that if we are given a little bit money to initiate specific measures - or if we cooperate with others - we must use administrative resources on it. And when we don't really have the personal resources and thereby must let other things go... we resist doing it.*

There is a difference of allocations between public and NGO organisations. Most of the NGO partners are uncertain as to whether their membership has resulted in any kind of "special treatment" or allocation of new funding they would otherwise not have had access to. One of the partners is certain their access to grants have lessened after they became a member.

The size, terms and lengths of the funding is at best unclear. When asked "What are the financial resources in this partnership?" every one responded differently: the support they had received had been a one-time funding; a yearly transfer; linked to a specific project; as a result of their membership; regardless of partnership or not, and more.

There was, however a certain agreement on the public funding being too small.

> *Hordaland CA has 500 000 which they distribute amongst NGO's to which we can apply. That amount has not changed the last 10 years, I think. A lot of things have become more expensive the last ten years.*

All of the interviewees agree that sufficient funding is necessary for partnership functioning. Even if the funding does not seem to have been important for the organisations to join the partnership, they find it important for producing results. One of the informants expressed scepticism on the amount of financial support. S/he doubted that it is large enough or powerful enough to kick start anything at all. The financial inputs have been identified as support for specific positions and project funding. Funding from other projects can but integrated into the partnership mission if the tasks are overlapping.

Summing up this section, the inputs like the mission, the context, partner resources and financial resources have been identified and presented. The interactions between these and the other elements will be presented in the following sections.

5.2 Throughput

This chapter will present the elements of throughput and how they interact with each other. These interactions affect planning, production and maintenance tasks and the extent to which they are attended to. Production tasks are the work towards and the achievement of the mission. The maintenance tasks relate to the functioning and internal collaboration. According to the BMCF, partnership functioning will be influenced by input interaction, leadership, communication, as well as structure, rules and roles. The findings are consistent with the BMCF. All inputs interacted with each other and with leadership, structure, rules and roles and communication. Interactions were reciprocal. Partner-partner interaction, communication, leadership and contextual elements affected partnership functioning positively. Structure, rules and roles and some contextual elements affected partnership functioning negatively. A new finding in this study was the influence of knowledge. Knowledge seems to have had an impact on partnership functioning; on production and on the establishment of structure, rules and roles. The findings are not conclusive. The interactions will be discussed below.

5.2.1 Input interaction

In accordance with the BMCF, the inputs were identified as the mission, the context, partner resources and financial resources. Interactions may occur between the partners, between the partners and the mission, between the context and the financial inputs and so forth. The various constellations of interactions identified will be presented in the following. se and how they influence each other is central to the partnership functioning and will be described in the following. These reciprocal constellations may result in positive or negative cycles of interaction, in turn affecting planning, production and maintenance tasks. There were some differences between the different kinds of partners; the most interaction seems to be amongst the public organisations. The NGO's has a clearer perception of their role and input into the partnership, but financial issues hinder them in production.

5.2.1.1 Partner-partner interaction

All partners report of positive experiences and an atmosphere where everyone feels well received. They find their meetings inspiring and energizing, one even characterised the partnership as a family. All have had the experience of being filled with positive feelings and vigour in the aftermath of their meetings:

> *The partnership is not only what I do, it is by far the most fun part of this job. Being together with people that try to achieve developmental work, to put on the agenda issues that several want to achieve but hasn't managed yet (...) it yields force and motivation.*

The partnership works as an arena for the exchange of ideas. It offers the possibility to stand united in addressing larger concerns:

> *For the people in the LC's economy means a lot. Many are practically completely dependent on providing enough finances to pay for their own positions. But the human resources and their arenas; that is where we can influence: the economy or context or – the frames. As it is now; it is because of the good human resources that we have achieved anything in this partnership.*

The partners' different backgrounds, experiences and viewpoints are viewed as a positive because it provides access to varied expertise:

> *Given the diversity of people in this one gets to hear different things; one gets wider perspectives. At least we achieve that. I find that useful; to change opinions (laughter).*

Being a public health coordinator is a somewhat lonely work. The partnership works like a network; a support and a source of inspiration to their every-day work:

> *It becomes a place where you can discuss because as a PHC you get a bit lonely. You need to reach all. And it is obvious that all my ideas aren't good ideas. I know that. But in the absence of others to spar with I can use the partnership as a sparring partner (...) then their expertise but also that the chemistry between us works. We have some of the same challenges and can discuss; would it be wise to do like this, or should we rather do that? (...) That is a very nice way to use the partnership and then the collaboration works.*

As a result of their gathering most partners experience a lowered threshold towards contacting each other. Personal relationships are important for the partnership functioning:

AH: What makes cooperation easy?
I: Point one is human resources. Because yes; you get financial support [and] that is important for many of the LC's - for them as a unit, sort of. But for us - the individuals working with this - I believe that the human resources are the most important. I would not have met on all partnership gatherings, or prepared as well before meetings if it wasn't for the people I met; the experience of getting something back.

Most informants were content with participation and cooperation, but this was not unanimous. All partners does not contribute equally and different explanations were given as to why. In an attempt to explain or understand why, personalities and different angles were mentioned:

AH: Do you think that all partners contribute equally?
I: No. There are great differences. And the reason for the differences is hard to explain, but some of us speak more easily than others. And usually we work on different issues and have different angles to approach the problems.

This indicates a need for maintenance and a clearer declaration of structures and roles. The following quote shows that partner-partner interaction depends on good maintenance:

It is like two different worlds. The partnership agreement says that we are to promote cooperation between the different actors. There I think there are great challenges. It is easy to cooperate with those we already had a starting point of working with; we work with the same kinds of things. But the others; it is not done by itself, from our part.

The lack of participation from all partners affects production and maintenance negatively:

AH: Do you feel that the other partners contribute equally?
I: No, not really. No.
AH: Would you like to elaborate on that?
I: No, because I don't really know what to answer. But it is something about coming to meetings and the things we are invited to. Not all NGO's participate equally. The worst thing is that I cannot even mention them by name (...) and that is bad! That I can't rattle off quickly all 8 local councils; I should have been able to do that!

5.2.1.2 Partner – mission interaction

The mission is perceived as important, but also of such a complexity that cooperation is the best and easiest way to accomplish results. Most partners claim they would not have been able to do this kind of work without the partnership. But the mission can have various interpretations and different perspectives on how to achieve results:

AH: But do you think that you don't have the same mission?
I: At least we see very different angles to meet that goal. And because the mission is very fuzzy it is difficult to see one, clear way. I can understand that what (...) emphasizes is of great importance concerning plans and anchoring. I see the importance of that, but it should not be turned into an either/ or situation. In my head, we need both parts. One needs to be open to both parts.

One informant thinks that a stronger concretisation of the mission with a structuring of responsibilities can help to increase motivation, facilitating both maintenance and production tasks:

To secure democracy we must become more specific: What must we do, what has this LC committed to achieve, will we make it? Did we think wrong last year, must we change things, was our thinking flawed? We must become self-critical and creative in more specific ways. And everyone needs to see results of their work. That is also difficult. The processes may be good to get to know each other and to learn to speak and begin analysing, but to learn how to… you need something more specific in this.

Because the mission is overarching and big the consequences can be both positive and negative:

AH: What is it like, working towards such a mission?
I: Sometimes it is quite ok; because you can do practically what you want (laughter). Other times it is very frustrating, because how are you to measure this? How can you achieve that?

The establishment of a position in the LC's has the potential of creating a greater awareness of public health work within the administrations as well as in the local communities:

AH: Do you find this partnership important?
I: Yes I do. It is a means to make things happen in the LC's. If the state and the CA had not provided the money I don't think it would have happened. [At least it would have been] a much longer process.

If the LC's does not have a clear perception of their aim, it can be detected in the PHC's work tasks:

You must be very versatile in the LC. Being a PHC you are put to very different tasks. When you must reach all the way from the systems down to pulling through [projects] from the beginning to the end; you are being pulled in both directions. It is a question of priorities. I myself can prioritise better, but so can my leadership. This is connected to plans; that we have areas to prioritise. Here it is a bit like "everything is good, everything is nice and good to have, and please can you do all?" - then some things will slip.

5.2.1.3 Partner – context interaction; the organisational anchoring

Anchoring is of such importance in this partnership that it will be discussed in a separate section. Through establishing a PHC-position within the LC's the urgency of the mission may be enhanced. But the urgency may just as well be hindered by the anchoring of these positions. The organisation's commitment may be reflected in the anchoring within the administrations. If the anchoring is low, the coordinator has less contact with the leadership and less influence on decisions. Low decision power hinders production, in turn affecting partner interactions. Low anchoring steals time from production tasks if the PHC's need to fight internal battles:

> *But I must say that those working in the LC's; they have achieved incredible amounts of good work. I find that very impressive. And under very diverse conditions. There are LC's that support the work very much and there are others that could hardly care less. Then it is dependent on the specific person and it is not properly anchored within the organisation.*

Some champions are able to achieve results despite position anchoring:

> *But simultaneously we see that it is dependent on champions. The true champions force through any obstacle; they achieve anything. It is very – sadly it is very dependent on champions. Therefore we must take care of our champions and make sure they are all right.*

In at least four cases the organisations has not made the necessary follow-up on commitments. How this can be detected differs. Some times in their financial allocations, sometimes in the anchoring of positions. But the commitment of the partners as organisations is worrying several of the informants:

> *I1: We have tried to make public health work part of our planning and of the planning with the LC's. It is very important that it is anchored there. One can talk about top-down or bottom-up, but if it is not anchored in the management structures one cannot achieve bottom-up. There won't be the arenas, the possibilities, the resources to actually make a people's movement (laughter). Then this springs from champions and not because the LC's want to make a good or vital council.*

> *I2: I see young girls lacking authority becoming public health coordinators within the LC's and that makes me wonder "what kind of reality are they entering? What kinds of decisions will they be able to make?" And then I become uncertain. Because they are enthusiastic, but they often complain that resources are not being allocated, they don't get to meet in the agencies making decisions.*

Issues of anchoring are not only a struggle for the LC's. Also the CA's representatives' positions have low anchoring. Because they have leadership tasks, this has influenced interaction and hindered production in particular:

> *I1: The CA does a lot of good health promoting work in all departments. But it has not been systemised and the cooperation between the departments is limited, concerning both administrations and actions. It looks unprofessional. Considering this it is hard to motivate the LC's to coordinate and strengthen their health promoting work when the CA itself cannot do it. The organising of the public health work has been messy in the CA.*

> *I2: Considering how other [partnerships] have been organised we lack an administration (…) an arena (…) [for] administration and politicians. Who can say "In Hordaland we have these over-arching plans and to achieve these in the partnership we must do such and such". We are not there; we miss that part. And then I believe we cannot get an equal-partner partnership until the CA can offer this way of organising. Now the partnership has no common voice towards politicians, for example. The voice goes via those coordinating the work, but they have no authority; they can only carry the message. But the minute you anchor it amongst people with authority this will be given a completely different status.*

5.2.1.4 Partner – context – mission interaction

Each organisation's interest in both partnership and public health is of essence. Usually the personal representative was not responsible for their organisation's decisions. Individual partners were not the ones deciding on joining. The uncertainty towards this organisational interest is far more widespread than the conviction amongst the informants:

> *AH: Do you have a clear perception of what the rest of the partners' goals are?*
> *I: That depends what you're asking, because the aim of a LC may be just to get these 150 000, or the money. It is probably not just that. But if you look at the anchoring of the public health coordinators within many of the LC's, I think many of them have unclear goals.*

Interest within the member organisation affects production:

> *AH: What are the greatest challenges in this collaboration?*
> *I: In our specific case it has been the scepticism within the County Administration. That is one of the cases that have hindered progress. It works slowly, we must wait… And I don't think this is a political issue. The politicians think this is important, but it doesn't always reach their table.*

A lack of clarity from an organisation may affect production. Unclear or under communicated administrative commitments has left individual stakeholders in difficult positions. The PHC's are approaching two areas simultaneously. They are working for long-term commitments of their organisation while trying to convince their leaders through showing results. Many of the partners emphasized this challenge; to balance the different aspects of their work in a tight time-frame:

> *I: And I guess much time has been spent on anchoring; which is more paper work and not something that is very visible. It was a consideration you had to make particularly in the beginning; what you should spend your time on. Shall you write good plans and do a proper job there, or shall you go out and do things that show that you really are there.*
> *AH: Is it still like that?*
> *I: Yes, I still feel I must prioritise. I think it is important to do visible things. It is not worth much writing down good things one could do, but lacking the time to actually do them. Then you won't get very far. In a part-time position there are limitations in capacities.*

The mission they are working towards is one with open-ended solutions where achievements are difficult to prove:

> *Achieving results is difficult. We won't be able to balancing the social inequities in the next 50 years. All the time I'll be working with this, we will not be able to create very visible results for our deputy mayors or politicians. That makes it difficult to work with this.*

Organisational culture affects production:

> *There is also a challenge concerning the leadership; there are many who have held their positions for a very long time and they are used to doing things their way. Health promotion is something new; it is a new way of thinking (...). And then the new law tells you that health promotion is over-arching; the umbrella. Under there you find environmental considerations, schools, kindergartens and so forth. That is my way of thinking. But the traditional thinking here is opposite. So then there's that to work with as well.*

The two following quotes from the same informant reflect the paradoxical conditions they sometimes meet:

> *Health promotion is very positive. You get a lot of positive [feedback]; "yes this is good, that is good". The challenge is when the budget arrives. You get a lot of positive words underway and no* opposition. *But it is not reflected in the allocation of money, perhaps.*

And those making these decisions are politicians. And how much preparations have they made before they sit down and distribute? I think one can question to which degree they work with their material before they make decisions and vote.

Media is a contextual factor some of the partners made great use of. The impact media can have and the importance of being visible to the public was emphasised. In order to enhance the general interest the public needs to see results:

The thing is – I think like this: If we achieve results and document them we can say: "Look what we have done with so little money. We have even larger ambitions. Now we want to get everyone out. (…)Give us the money and we're on". That is; you need a foundation and you must build it.

The increased public interest in health promotion in recent years has influenced at least one of the member organisations:

I'd say it has grown a lot during my time there. When I came few leaders were interested in this. Now it is awakened, at least in a much larger part of the organisation (…). One can ask who is to be thanked. We can thank history, (…) maybe some of the work we have done. But there is also the things happening in society in general that enhance this and of course that helps internally. We are working for politicians [and] the minute we get them activated they lay pressure on the administration. In the beginning the leadership and the administration seemed to have little interest in this work. (…) But there were meagre conditions that I can say.

5.2.1.5 Adding financial resources interactions
Continuing the presentation of interactions from last section, this section includes financial interactions to the equation. There is a consistent understanding that the size of the PHC- positions determines the amount of work done:

It is about the size of the position: if you hold one position 50% and is PHC in [another] 50%, it is quite challenging because having two half positions often becomes more than 100%. You are pushed in both… Some have 100% position and it is clear that [they] have a completely different capacity than someone having 40% in order to participate and to achieve things.

Smaller positions have less time available to juggle planning, implementing initiatives with writing applications. As necessary funding must be acquired outside the partnership, much time is spent writing applications:

> *There are the funds we apply for; I guess that is what the CA has. In addition they are trying to keep us updated on other means we can apply to. It is quite time-consuming. If I were to do that very actively – which in periods I have – then I wouldn't be able to do anything else. When I have [a few] days a week it is…*

Funding impacts the efficiency of the partnership. A few informants expressed a wish that the CA coordinated their deadlines to facilitate application work. Most members have tight budgets with few opportunities to allocate money within. Funding affects their motivation as well as their ability to accomplish results.

> *If there are to be larger cuts in the finances it may turn into something like "Hello, what do we do? What are we doing now? Can we achieve anything or are we just going to keep e-mailing each other saying that physical activities are important?"*

There is uncertainty connected to the duration of the financial inputs. None of the partners had knowledge of future budgets. One was concerned that the support of 50% positions was in fact a disservice. If the funding stops, the LC's may not be able to continue. It was a common debate; the fight for the money and where to spend them:

> *It is always like this with governmental funding; they are meant as a start-up aid. And none of the LC's thinks they need ear-marked funding. They feel they themselves know best where the shoe pinches and what they need to prioritise. At the same time we know that such long-term issues will fall because of a re-election in four years. The balancing of that is difficult.*

A different aspect of uncertain future funding:

> *The idea behind this funding is that it is meant for starting up and I understand that, but often the need is for operating: We get to start projects that are working; we are funded for a couple of years. We can contribute a little, but not enough for the whole project – and then we must put it down. It is not really the CA's fault either; they have their guidelines from the state. This is not an easy part.*

Overall the partnership members have small budgets. But as the CA has larger funds, some of the negative effects are counterbalanced. This has positive effects on maintenance tasks:

> *In some LC's the deputy mayors have said that they cannot travel anymore. They can barely afford getting in the car and drive to Bergen. So it is of great importance that we have funding to pay for them. Then everyone can participate. Otherwise we would have increased social inequity if the poor LC's could not join. It is important for them to get the opportunity.*

Summing up the Interactions section, the partners experience a positive atmosphere where most, but not all participate. Contextual elements like anchoring have negative influences while media is mainly perceived as a positive factor. The fuzzy and long-term mission challenges the predictability of funding and of the future commitments of the organisations. Present funding facilitates interactions, helping maintenance and planning tasks.

5.2.2 Leadership

Leadership is the second of the four interacting elements. Leadership interactions between input interactions, structure, rules and roles and communication will be presented in this section. The material showed that the leadership affected partnership functioning.

The question of who the leadership is, did not give unanimous answers. Responses varied from the CA as an organisation; one of their employees; the other; both of them; their leader to the political leader of the CA. However, the answers were centred round the CA. The idea of the partnership as an equal constellation where everyone has the same influence and power was widespread. Some thought it needed a more formal leadership structure, while others did not agree:

> *There is no designated leader in the partnership. [The CA] coordinates it and of course [the CA] has the money as well. But there is no one leading it and I don't really thing we require a leadership either. Because we are not a decisive partnership; we are building capacities and knowledge. Then there is no need for a steering group, rather a need for coordination. We are supposed to be equal (…) [and] beyond coordination I don't see the need for a leadership in this partnership.*

This was confirmed by other informants. Most reported that the leadership was active and easy to contact. But one issue was emphasized; the CA has two main representatives and a lot of uncertainty was connected to who the leader is:

> *It seems like only one is working outwards. And maybe they have divided their tasks that way, but that should be signalled outwards, then.*

A need for a leadership that is not commanding or formal was enhanced:

> *The leadership is very important; good leadership has a lot to say for good cooperation and here openness and trust must be present (…). A partnership cannot have an authoritative leadership; that is like black and white and do not go together. There must be a leadership that has the capabilities to meet the stakeholders' needs and wants and perspectives.*

Since much of the action, funding and initiatives come from the CA an informal leadership is required:

> *I believe that one of my most important roles [and] where I contribute the most is that I'm informal. I put a lot of weight into that. It shall be easy to contact the CA (...) we are supposed to be a service institution for Hordaland, for the LC's and for the partnership. That is very important and I feel I contribute there.*

One of the responsibilities of the leadership was described as taking the initiatives to push production forward. The following quote illustrate:

> *The CA invited us to join the partnership (...) and when you ask someone to dance you kind of need to put in the orders as well.*

The provision of knowledge was another:

> *Well, I have received few ideas from the CA: I haven't received anything specific. Yes we need to work with social inequities in health. I know that, it is important and the plans say so and so forth. But what can I do in my position? Suggestions (...) I wish for more.*

Providing right and sufficient knowledge was however a challenge for the leadership:

> *There is a challenge in that some of the LC's are so much larger than the others. And it is difficult because we have very different competencies. Very few have solid knowledge on health promoting work and how to progress in order to succeed. That makes this challenging. Because some are veterans and have done this all their time while others have no clue. (...) then who gets – does everybody something out of it?*

A few stakeholders wanted the leadership to help laying pressure on their organisation to follow through on decisions. Many partners wanted more follow-up from the leadership. They have felt inspired after meetings, but as soon as they got back home their everyday tasks demanded focus. The low maintenance in the aftermath has weakened engagement and production. Many wanted help to maintain focus on the mission and defined this as a leadership task:

> *Maybe the follow-up after the meeting could have been better, I don't know. If it is me not paying enough attention or… but maybe there could have been more pressure. Again, us being a small organisation: this work is easily given less priority. Then maybe you need a phone call and a little bit – yes to be pulled along.*

Maintenance tasks are important leadership tasks. In this, the leadership has been active and has met challenges of geography and taken advantage of emerging possibilities:

> *Given that Hordaland is so vast – (...) Then we must meet a little bit here a little bit there. If we have a conference in Oslo almost everyone will be attending, then maybe we can take a day extra and gather there.*

5.2.2.1 Trust

All of the informants see trust as an important element. Trust was described as decisive and as prerequisite for creation. Trust was portrayed as to be open and to listen to each other. Doing a good job and to follow up on responsibilities was mentioned by some. Others mentioned feeling safe and important enough to express ones opinions. Trust was depicted as something the partnership cannot manage without; as something one accomplishes and not something one can demand:

> *Trust is decisive. Yes. If you cannot trust something – that goes for anything I do – if I cannot trust the people around me then there's nothing to do. If people don't trust me I quickly run along, then I cannot be bothered. (...) Trust is something you must work for, not anything you can demand.*

It was described as a prerequisite for cooperation:

> *You need to be confident and to believe that you can talk about some things in certain settings and that you can expect them to remain there. Trust is a prerequisite for good collaboration, I guess. Believing that the other can contribute and that s/he wants to and that it is real.*

And as expecting that everyone does their part:

> *Trust is just as important as having a leadership in this kind of partnership. If I experience trust towards my partners in that they are able to achieve goals, the disposition of money is easier. (...) [And] they must trust that we do our tasks in the partnership. I find trust very important (...) I experience that the partners want to show what they do. That creates trust.*

But it was also described as a need for trust from the leadership towards the partners and recognition of their differences:

Maybe trusting that one can organise ones work different than what is done in a different council. This may have something to do with the leadership and the network; to enable other ways to organise.

Most NGO's experienced the invitation to join as recognition of their work. This has been interpreted as trust in as much as they have been given this opportunity:

It is very positive. It is an acceptation of the work we do. That it is important for many and for the CA; that we are accepted as an important actor.

They used this recognition to increase and facilitate their work within their organisations:

When we receive money it is important for us to show it internally: society thinks we are doing a good job; it is recognition.

5.2.3 Structure, rules and roles

In this section, the third element of throughput interactions will be presented. Structures, rules and roles have effects on communications and partner interactions. The leadership plays a part in following up decisions and to facilitate the establishment of fruitful structures.

A partnership venturing on such a diffuse and fuzzy mission and with such diversity of partners is in need for a clear structure and distribution of roles. This section investigates these elements in the partnership. The different organisations partake for different reasons. The investigated material could not disclose whether each organisation's intentions for joining had been discussed. The structure of the partnership seems to quite clear. The differences of power and resources between organisations have left little doubt that the CA has the role of leadership. But the balancing of such different partners is not easy, and there is a constant need for awareness:

But absolutely, I think this kind of partnership will work but one must be very conscious about the partnership way of thinking to make this work. Because it is so big: there will be many LC's and it is a very fuzzy theme. Then structure will be demanded; consciousness regarding what the mission is. What are we doing? How do we wish to do this?

A clear definition of intentions and expertise may facilitate participation.

I have not been thinking that I have a particular role in this partnership. I shall contribute, but what is expected of me – specifically - and how much time I should invest and what I should contribute is not clearly defined. It is more of a gut feeling. When the subject is something I know of, I contribute more. Or else I pull back. (...) it's more a feeling than clearly defined roles.

One of the elements providing a clear structure is the establishment of a PHC-position within the LC's. It facilitates the communication between the LC's and the CA and provides for a direct line when communicating public health issues. Where the PHC is missing a muddier and weaker communication has taken place. Important letters has been sent to a variety of departments and offices, resulting in much time spent tracking it down later. The PHC facilitates production:

I don't think we could have achieved good health promoting work in the LC's unless there was a PHC, for example. We don't have a PHC in our organisation, but maybe we should have one. That might be a possibility in the future.

One partner expressed uncertainty regarding his/ her own role as a representative for the organisation:

One probably expects the same people to come [and] that those representing the partnership have a role enabling them to represent their LC. A lot of people maybe don't do that (...) I don't know if the others think like this: when they come, then [x] LC is here. Or is it just me coming from [x] LC and none of the others know that I am here and that my opinion probably does not mean much when I come back. I don't know what role they have.

A clear structure can work as a means for improving communication and production; a way to find partners to cooperate with and to concretise goals:

By meeting each other on different levels; in larger groups but also to continue in smaller groups together with those it would be natural to cooperate with in order to develop more specific projects.

This partner interaction improves their relationships towards each other and discloses strengths and weaknesses:

They contribute when cooperating; [in] the contact they have with others of their own kind to create interactions and synergy (...). I suppose that is their most important contribution - or the results of these contributions. Because their competencies vary and it is important to give that room to flourish; that those strong in one arena are given the opportunity to work with others on that.

The interactions need structure to be able to affect production:

> *It takes time to reach conclusions. If that has something to do with me, I don't know. But the fact that we cannot decide upon doing anything ruins a lot. I know by myself at least that it is much easier to react upon a suggestion; it triggers the opposition or the agreement within me. But if we just sit there I don't get to contribute because I don't know what to play it against - or with. I believe many feel like that.*

Particularly when they first entered the partnership, the partners had a need for follow-ups and frequent meetings. The few meetings and long time-spans between communications have hindered production. The frequency of meetings has been agreed upon amongst the partners, but this agreement has not have been followed through. Many of the partners reported that their only contact with the partnership is these gatherings. This has influenced their collaboration:

> *The way I see it we are working on our own little turfs. And that is not necessarily a problem as we have a lot to do. But I guess I'd wish for stronger collaboration in order to facilitate our work.*

There is an overlapping of partnership work and every-day work:

> *I find it difficult to separate partnership work and my work as a public health coordinator in the LC.*

Structure within own organisations may facilitate production:

> *There are different departments within the CA that have financial means to support the health promoting work. I think the challenge for this partnership has been to gather these. When I approach the CA, it would have been very nice to be able to have one place to contact and get all I need rather than contacting five departments and keeping updated on all five.*

The fact that different departments grant money for the same kinds of projects, have resulted in some in clarities:

> *We had applied for it but in a totally different context. We applied in relation to physical activity purposes on several points [where] we got one answer but from a different department (...). We got the answer "you receive on such and such points, the others are rejected". But then a couple of months went by and we received a new letter where we were granted support for one of the points earlier rejected. (...) And these did not seem coordinated. That was strange because they keep saying they coordinate their work but they did not refer to each other.*

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Expressions like "still young", "still new", "still small" reveals that they believe in good prospects for future achievements. Everyone has a clear understanding that all partners are equal despite size of the organisation:

> *There have been discussions around us being equal partners. And I think it has been important for many that they had this perspective on the partnership; that they are as equally important as everybody else. (...) us being equal partners and that there is no difference (...) when we're in the partnership (...) that we strive to be equal. It makes communication flow better and allows people to speak their minds. Then there may very well be differences in other settings. I have the impression that most of us think like that.*

The participation is not equally distributed and some wish for a higher participation amongst the partners. On the other hand, participation seems to be correlated with the definition of their roles:

> *No, they probably don't contribute equally. But I think maybe some of the NGO's (...) are eager to contribute when their subject is up. Then they are very clear, but I guess that is their role in this. (...) But thinking about partnership as such with organising and structure and such - then they're not very clear. Then it's mostly the LC's.*

The ones that have a clear perception of their part have a clear perception of when their expertise and contribution is needed:

> *We have a different role, but we have an important role in this work. But the CA has sort of authority over plans. They hold the financial resources and receive orders from the state on how they need to target this while we are carrying out the tasks and putting things into work to get you and others out and active. So there are different roles but it's not like "hi…" (looking up).*

Following this, the NGO's seem to want and need more specific enquiries for their contributions. But they also see their part in sharing their knowledge and capabilities.

> *We are trying to work on the issues where our competencies lie and to improve those. And as I've said earlier it would be artificial and wrong of us here (...) to begin – to put it this way – running around asking people to eat oatmeal. It is healthy, everyone knows that, but we kind of need to promote our expertise and to point that out to get the best effects.*

The NGO's and the public partners are treated differently. One NGO informant said their communications had lessened recently and had the impression that the LC's took most of the leaderships' time. This is to a certain degree confirmed by this statement:

> *Our main focus is on the LC's. The NGO's are more of a collaborative partner in order to get things done.*

The fact that this partnership is still young influences the extent of structures and roles that can be expected to be found:

> *And I think these things need time as well. We struggle to avoid having a "top-down-approach". Right now it is very "bottom-up" and everyone is looking to find their role. It will take some time with such a young partnership having so few members.*

5.2.4 Communication

Communication is the last of the throughput elements affecting partnership functioning. Several forms of communications have been disclosed in the material. In accordance with the BMCF, face-to-face meetings are the preferred way of communicating. The face-to-face meetings have had a central and important role in developing fruitful cooperation. Getting to know each other provides for a better partnership.

> *We have regular meetings or at least we try. We have said we want to meet two times each half-year. That is one way of maintaining this. Another way is that we have agreed that making a phone-call is ok; that we use it and that we want it: we have signalled that this is what we want.*

Their gatherings are a place and a space for the exchange of ideas. It increases awareness of each other and their qualifications. They work like a resource for the creation and maintenance of enthusiasm:

> *I: It is a bit like having a car, you know; one need to refill underway, or at least if it is a petrol car, otherwise it won't work.*
> *AH: Is it like that in relation to the engagement, perhaps? That it is a help to maintain the engagement?*
> *I: Yes, it is; that you get some fill-up, yes; that the car sometimes is polished and looks nice. It makes it much more fun to drive around if it is clean and proper, to continue that metaphor.*

There is a positive attitude towards sharing experiences and there are expectations towards getting the same favour in return. Enthusiasm is growing out of their shared interest and their experiences of working together:

> *I believe people get to know each other differently if we go for a walk or if we have longer lunches or if we have dinner at night. That arena is important. Then new ideas can emerge. For example; we are having a project with (...). That emerged during a dinner: "oh, are you working with that?" "Yes" "How about getting together?" "Of course we can". That is so positive. But these things won't emerge during a formal meeting plan.*

Practically all of them emphasize the informal tone of the partnership and that this is a positive. There is a general agreement that the fact that they know each other has facilitated initiatives. It was experienced as easier to make contact when they knew who the others were and knew what they were doing:

> *We meet face-to-face and that makes it easier to make that phone-call. You might take two more phone-calls than you would have done if you didn't know the other person. So I believe the communication has improved through the partnership and through us knowing each other.*

Visiting each other outside the seminars was pulled forward by some:

> *One thing is keeping in touch via mail and in reading the same plans. Another thing is to – a central part for us is the areas we administer and the multitude of work we do. And we feel that the sum of that is an important element in the total public health work. It is our small contribution. And to impart that via mail and yearly gatherings is not the same as seeing it.*

Their communications between meetings mostly happens via telephone calls and e-mails. Some had the experience that getting answers via mail was difficult and that answers came late. Others found mailing efficient:

> *AH: How is the quality of the communication? Is it formal or informal?*
> *I: Informal. That is what – yes, we can be formal when we need to but these days there is so much happening; thousands of e-mails are sent during a year and the time-pressure is constant. So there are a lot of shorter messages.*
> *AH: And you find that a positive?*
> *I: Yes, that is a positive.*

Their agreed-upon common web-page is a feature that everyone finds positive. There they can subscribe to latest news and there is a list of all members with their contact information. However, none of them reports that they contribute to keeping it updated. The CA is dependent on all partners to contribute to maintain a living web page. There is an overall agreement that the web page is a positive; that they want it and that they need it between their gatherings.

> *Another way is that I usually write a yearly report (...) on what I have done. And those could be shared on the net. There are ideas and it is a way of maintaining through giving the others an overview of what is happening. "Oh, s/he works with physical activity in school, those two do as well, may I should call them". Knowing of each other [and] ensuring that information is not only delivered orally; but that something written is left as well.*

In this chapter various throughputs and their reciprocal interactions has been presented. Input interactions, leadership, structures, rules and roles and communication are identified elements that has affected partnership functioning. This is in accordance with the BMCF. Both positive and negative interactions were identified.

5.3 Output

According to the BMCF three different outputs can emerge from collaboration. Positive and negative cycles of interaction can affect the partnership functioning resulting in synergistic, antagonistic or additive outputs.

5.3.1 Synergistic outputs

Synergistic outputs are the situations in which the partnership offers greater results than any of the partners could have achieved alone (2+2=5). As this is a young and growing partnership, many outputs were not expected to be found. The partnership simply has not existed long enough to be able to achieve goals. The vague mission and the large time-frame will make it difficult to measure success at any point. However, if these long-term goals are ever to be achieved and the partnership maintained, other measures can be made to determine success: To what extent the partnership is functioning will indicate how the chances are for a successful outcome. Therefore, this section will introduce elements of synergistic interactions between the partners as a result of the partnership.

The partnership and their gatherings have resulted in friendships and networks:

> *The experience is that when you have been around for a couple of years you build a network and by and by it is easier to make contact with others.*

The partners are lifting each other and helping each other, discussing common concerns. The partnership has strengthened each stakeholder when addressing their own organisations' concerns:

> *There have been incidents where something has been done in one place and the idea has been adopted and used another place; that has happened. This is using the partnership as the network it is [supposed to be]; getting ideas and inspiration.*

The positive cycles of interaction have yielded synergistic effects of the work in the local councils:

> *We have accomplished to put this work increasingly on the agenda. There is an increase in cooperation in the LC's; within their organisations and also between the LC's. This is partly the mission. So yes, absolutely I think we achieve a lot. But financially we don't achieve much, considering resources and such. But on the local level we have come a long way.*

The partnership has laid foundations for future cooperation and initiatives:

> *AH: Do you feel you know them well enough to contact them?*
> *I1: Yes I do, actually. Because of the collaboration with the CA I now know who works there. And I didn't earlier, so the foundations have been laid.*

> *AH: Has your organisation achieved anything after joining the partnership?*
> *I2: Not much specific on our part. Making connections, yes. But in specific projects we haven't, really. But perhaps it's more that we've laid the foundations for doing something in the future.*

Their gatherings have connected people across organisations in ways they themselves could not have anticipated. Networks and contacts are being made, sometimes yielding new connections also within their own organisations.

5.3.2 Additive and antagonistic outputs

Additive outputs are effects and results which the partners could just as well have achieved on their own. The production and results pass outside interactions concerning the

partnership (2+2=4). Two stakeholders have had such experiences. There is no disadvantage in being a member; it may have strengthened the security of their funding, but they experience no differences in their work.

> *AH: If this thing with the CA is independent of whether you were members of the partnership or not, then how does the partnership work as a whole?*
> *I: With the other actors? No, it doesn't really work. To us it is just one-on-one.*

> *I2: It feels like we think of these things more or less like we did earlier, partly because our tasks have not changed and they enter directly into the mission of the partnership. So it isn't expected that it shall change much.*

Antagonistic outcomes are the outcomes of the partnership draining partners of resources without obtaining results (2+2=3). Few antagonistic outputs have been identified in such an early stage. Negative processes hold the potential of creating antagonistic outputs.

5.4 The BMCF as a structuring tool

The Bergen Model of Collaborative Functioning was introduced to the partners during a workshop with the intent to use it as a strategic structuring tool. The partners collaborated in smaller groups to produce goals and rules they all could agree upon. When the interviewees were questioned about this workshop, the answers were diverse. Some of them did not remember this particular workshop and had not experienced any changes in the aftermath. Others had clear memories and gave embellishing reports. The partnership mentality; the awareness of being a partnership stakeholder and what it comprises seems to be stronger embedded in the public members than in the NGO members.

The many possible impact areas of the mission has resulted in a variety of approaches, confusing the stakeholders when addressing them. During the workshop the partners agreed upon smaller and more specific goals and set time-frames to reach them. This clarification of the mission and the goals was a positive experience:

> *I1: What I've been thinking is that it is good for the partnership now that it is more specific, more concrete and that we have goals to work towards. It is not just loose talk not bringing us anywhere; (…) you're not just suspended in thin air. I think that's what we have been missing (…): which way are we pulling? Now we have a tool*

helping us to pull at least some of it in a direction. I find that very positive. I like that way of working: What we're working for becomes clearer.

I2: When we were in Sarpsborg we made a list of goals concerning the development of the partnership; overarching, common goals. But then there is not agreement within the partnership if we are to have common goals. The LC's are very different and some want to have their own goals. But I believe that this doesn't have to be contradictive; we can have goals within the partnership and goals within our own LC. Some of them will be common, others will be different.

The communication has improved:

AH: Have you experienced any changes after the workshop concerning production? I: Yes, there are things available on the internet. And we receive a list of what has been accomplished and what has not. There I think [the leadership] has done a good job following up. We as LCs have not been as good (…) I do think it is important that this is followed up.

The workshop method facilitated communication as the smaller groups allowed everyone to express their opinion:

Not everyone likes speaking in larger groups [and] then these smaller groups are very useful. (…) When we begun working it surfaced that everyone had opinions and that they dared expressing them too. That's kind of important.

The leadership experienced that the structures they agreed upon has facilitated their work towards the partners. Clearer structures has helped coordination and clarified their work. The information about wants and needs enables them to understand diverse perspectives. The use of a structuring tool has decreased the frustration that appears when working in large hierarchical contexts:

People are more pleased. I myself experience it much easier to know what to do towards the partners because they've been allowed to express their wants. It is much easier to coordinate because they want to meet 4 times a year and when we meet they want to have lots of time to just talk about this and that. They want a round of "what's happening in my LC now" every time we meet. (…) This is much about just asking what they want. (…) And again, I'm very surprised that they managed to answer so well. So yes, I feel it is much easier to maintain the partnership, to produce and not the least to plan.

Others found it difficult to say whether this workshop really has made an impact or not. They have had few meetings after the workshop with few chances to experience any

changes. There has been little follow-up in the aftermath and the changes seem to have been smaller than their potential. But to sum it up:

> *I think partnership is good. We have some challenges to work with on cooperation and communication, but we are on our way. And we have some tools that seem to be working. It is only premature I believe.*

6.0 Discussion

Partnerships are increasingly used to solve complex issues of our modern society. By bringing together diversities of partners, their aim is to achieve new solutions and ideas (Brinkerhoff, 2002). Their diversities and experiences combined can broaden solutions and expand the angles of approaches; resulting in outcomes no single partner could achieve alone (Gray, 1989). Some governments have established partnerships to meet the greater societal challenges which they are unable to do on their own. The Norwegian state's initiative to establish partnerships in each county is such an initiative. The present case studies one of these partnerships. Initiated by the state, implemented by the CA and reached by LC's and NGO's, this is a partnership spanning multiple levels of society. In the previous chapter, the results were presented in accordance with the BMCF (Corbin, 2006). Inputs, throughputs and outputs were identified and the findings were coherent with the model. Input interaction, leadership, context, communication, structure, rules and roles were found to affect planning, maintenance and production tasks. The latest suggestions for refinement of the model were confirmed as the context has played a significant part in this partnerships' functioning (Corwin, 2009). Being fairly new, planning has played an important role when compiling and initiating this partnership.

Context concurred most strongly with positive cycles of interaction. Structure, rules and roles were mostly linked with negative cycles of interaction. Leadership, communication and input interaction affected both. Planning, production and maintenance tasks were affected by communication, leadership, input interaction, structure, rules and roles. Outputs were few and will not be discussed in a separate section in the following. In being such a young and evolving partnership, much output was not expected to be found. However, there has been an increased collaboration between the stakeholders as a result of their membership. They have reached tangible results like the arrangements of trips, addressing new groups in society and they have collaborated in making trails more accessible to the public. These are short-term achievements that increases spirits and work as a feedback-loop back into the partnership functioning.

Results concerning improvement of public health cannot be expected to be seen until ten or twenty years from now. When operating with such timelines, results as the consequence of partnership work can be hard to prove. This is a challenge for any partnership aiming on social improvement (Roussos & Fawcett, 2000). Many factors influence as these are complex

issues. As an effort to lay the grounds for future successes, the partnership has attempted to use the BMCF as a structuring tool to facilitate cooperation.

In the following, findings will be discussed according to the BMCF, this time following the loops of interaction.

6.1 Positive cycles of interaction

When interactions between stakeholders work favourably and smoothly, each single input can be taken advantage of and improve the throughput activities. When positive interactions emerge they result in synergistic outputs where the inputs combined generate a sum greater than the parts. In this chapter such positive cycles of interactions will be discussed.
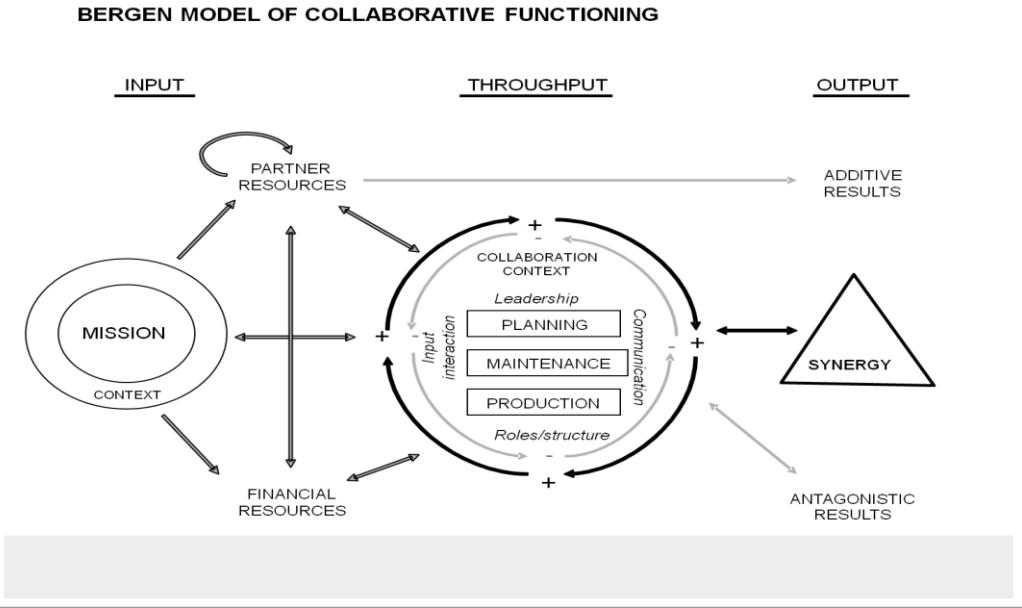

Fig 2, Positive cycles of the Bergen Model of Collaborative Functioning

6.1.1 The mission and its interactions

The partnerships' diverse partners and backgrounds have ensured a broad assortment of inputs. The diversity provides the stakeholders with a larger circle of acquaintances and has introduced them to parties they would not otherwise have collaborated with. According to

many of the stakeholders the increase of networks is a great advantage. The partners' knowledge and backgrounds enables them to generate new thoughts and ideas beyond what any of them could do singularly. All contributions of knowledge and network bounces back, giving back the opportunity to use their fellow partners' resources. These reports are in accordance with the effects of positive collaboration described in the literature (Corbin, 2006; Jones & Barry, 2011; Lasker, et al., 2001). The partnership has enhanced the exchange of knowledge between the LC's. There is an increased awareness of each other and new thoughts are springing on collaborative possibilities. Partner input generates more partner input, thus confirming this part of the BMCF (Corbin, 2006).

As the partnership consists of partners from central government through to NGO organisations it reaches far, it is strong and enabled to meet a diversity of concerns with a diversity of approaches. Some issues demand top-down, expert-led features, while others need a bottom-up approach (Roussos & Fawcett, 2000). Over all, this partnership possesses a great knowledge of health promoting work and great capacities in meeting public health issues. Where some have structural and academic points of view, others have a practical and down-to-earth approach. The combination of academic knowledge in the County Administration, the Local Councils' perspective of requirements, together with the NGO's high expertise on practical matters, the partnership stand strong when addressing public health challenges. The NGO's hands-on approach works complementary to the influence and bureaucracy of the public organisations. They are strong by diversity in addressing their goals. The CA's selection of the invited partners has worked well in this context.

By aiming at improving community health, 'Partnerskap for Folkehelse' shares some similarities with other partnerships. When the focus is on communities, many aspects emerge. The population at aim may be people living in the same neighbourhood or they may be sharing an experience such as poverty, being a child, etc. (Roussos & Fawcett, 2000). To improve community health, measures like community organising, community development and social planning are relevant instruments. The numbers of possible approaches may have several implications. The fact that the mission spans so many aspects of public health liberates the stakeholders to define their own solutions. This can provide the partners with the possibility to focus on their fields of interests and use their strengths which is a central element for a successful partnership (Lank, 2006; Lasker, et al., 2001; Sullivan & Skelcher, 2002). Specific goals can aid the creation of urgency. There is a conviction that the partnership and the mission are relevant and important. The optimism and the belief in success legitimise the partnerships' existence and increase the sense of urgency to the

mission. An experience of urgency can again yield optimism. Their engagement for the mission is a reason for most stakeholders to join.

As described by Armistead (2007), trust is a feature that is often easier detected when it is missing, rather than in its presence. Trust is built between individuals, not organisations and trust can increase partner commitment (Corwin, 2009; Lank, 2006). The stakeholders exemplify trust in a variety of ways, which shows that trust is present and important in this partnership. As the mission is on longer terms, trust can be expected to be a prerequisite when going to such lengths in commitment. Trust seems to be a building block for an equal partnership where any one of the stakeholders can engage in concerns that affect the partnership. In a equal partnership any one of the partners should be able to intervene and work for an agreement between conflicting parties (Lank, 2006). The experience of receiving recognition of their work was underscored, particularly from the NGO's, as a motivating factor for their partaking. The findings indicate that trust and recognition may be similar units.

6.1.2 Start of a new partnership

This partnership is young and growing and the partners are to a great extent new to the partnership setting. All of the informants refer to it as new and in the very early phase. In an attempt to structure and to facilitate the partnership functioning, the BMCF was applied. A workshop was held to clarify and to establish rules for the partnership as well as their mission. Through the workshop they have agreed upon structural elements like the frequency of meetings and the preferred ways to communicate. Such use of work groups enlarges partner participation and facilitates implementations of strategies (Baron-Epel, et al., 2003; Wandersman, et al., 2005). A certain degree of formalised rules and roles can improve commitment, satisfaction and partner contributions (Wandersman, et al., 2005). Partners have strong influences on producing results (Corbin & Mittelmark, 2008; Huxham, 2003). Their workshop lowered the threshold for them to speak their mind more freely, resulting in more supplementary partner inputs. The partners enhanced the advantages of not having too formal meeting agendas where every minute is filled. Longer lunches and shorter schedules have provided for a richer contact between partners and through their meetings they have gotten to know each other on a more personal level. Their meetings have provided them with new ideas and knowledge of the work of the other stakeholders, laying the grounds for future exchanges of ideas and experiences. The partnership is embraced in a positive and optimistic vibe with a great belief in positive outcomes. There is an overall satisfaction with their gatherings. The

importance of providing for informal settings to nourish this evolvement has been accentuated in earlier research (Lank, 2006).

In being the last CA in Norway to implement this kind of partnership, the CA has had the opportunity to harvest from experiences all over the country. They seem to have used this opportunity well. Good planning has facilitated the implementation and has laid the grounds for synergistic interactions. Thus also the BMCF's element of planning is confirmed (Corwin, 2009).

Through the establishment of new PHC-positions the awareness of public health is strengthened in every LC. The work of the coordinator increases the knowledge of health promotion in public, administration and politics. Through the PHC the CA has a specific person to send information to and plans on public health work, facilitating information flow and increasing exchange. The general perception seems to be that there is an administrative interest in joining that goes beyond money. A buddy system has been attempted where a new member to the partnership visits a more established one to learn from experiences, techniques and ideas. This has given newcomers a kick-start which can enable them to achieve results quicker. This can in turn be shared with the rest of the partnership, laying the grounds for feedback and synergistic outputs. This may be one of the clearest examples of positive cycles of interaction resulting in synergistic outcomes. Through quick introduction and trust-building processes, the leadership is active and aware of needs and meets them; ensuring both maintenance and production.

Narrow roads and mountains are characteristic of this county. Large distances combined with tight schedules and tight financial frames hold the potential for hindering sufficient meetings. But the partnership holds ample finances to enable stakeholders to meet face-to-face despite the large distances. This is an important feature for building trust and evolving goals (Corbin, 2006; Wandersman, et al., 2005). Meagre funding may result in an over-reliance on committed partners. Having ample funding may facilitate production tasks in as it releases time otherwise spent recruiting funding (Corbin, 2006; Endresen, 2007).

A leadership fit for a successful partnership functioning needs several abilities. There is need for an understanding of the context combined with the ability to cut across boundaries as well as building bridges between diversities of partner backgrounds and perceptions (Huxham, 2003; Lasker, et al., 2001). A desire to promote openness, trust and autonomy has been found to be essential leader qualities, according to Corbin (2008). The findings of the present case study reveal that the leadership is perceived as being open and enthusiastic. The partners report that there is a low threshold to contact them. The leaderships' high and

relevant knowledge provides the rest of the stakeholders with support and enhances the functioning of the partnership. Their part has been coordinating, providing for meeting spaces, supporting and giving advice in public health matters. Good leadership is central for creating synergy and is a central part in increasing stakeholder's levels of participation (Jones & Barry, 2011; Lasker, et al., 2001; Weiss, et al., 2002). They need to be efficient and able to balance ideology with pragmatism (Corbin, 2006; Jones & Barry, 2011; Weiss, et al., 2002). In this partnership, the leaders have had an important role in inviting new members and to advocate for partnership issues within and between organisations. Even though the CA has "the upper hand" in many aspects - finances, knowledge and leadership - the stakes are evened through their dependency on the rest of the partners on implementing and achieving goals. In accordance with the literature, there is a wide agreement that the partnership should consist of peers, not employees (Alter & Hage, 1993; Lank, 2006; Sullivan & Skelcher, 2002). Although everyone perceives the CA as the leader of the partnership, no one expects them to be their superior. A flat structure has been established.

6.1.3 Context

The context is an important feature in this partnership and so confirms the latest version of the BMCF (Corwin, 2009). The context can aid the process of putting a mission on the agenda by creating urgency. Urgency has been found to increase partner commitment, in turn facilitating collaborative functioning (Corbin & Mittelmark, 2008). The spirit of the age seems to be conducive as many contextual factors have created a positive and optimistic atmosphere. The very establishment of the partnership has sprung from the knowledge of our future health challenges encouraging governments to think new in order to prevent future illnesses (Helsedepartementet, 2003; Helsedirektoratet, 2010; Helse- og Omsorgsdepartementet, 2008-2009). The new laws and reforms underway will undoubtedly increase the LC's obligations towards public health work. They have generated hope that the LC's will increase their commitment to this work and to the partnership. In addition, the coming laws may enhance the CA's effectiveness in recruiting new and committed partners. The timing of the laws and the interest this gets from the media has given them a boost of energy and a confidence that their work is important and relevant. According to Gray (1989, 2004), timing is central to ensure all partners have adequate commitment to the mission. Some of the partners see possibilities in exploiting this media interest to create a larger public awareness; branding their own work as well as to lay pressure on politicians. A visibility in local society was experienced as a very important for some of the PHC's. Increasing public

interest and awareness aids their possibilities for maintaining their funding, thus their future existence. Corwin (2009) also found that media attention affects partner commitment.

6.2 Negative cycles of interaction

When interactions are hindered and do not work as intended, when the flow of communication or weak structures hinders collaboration, negative cycles of interaction occur. Continuing such negative cycles may drain the partnership of resources and weaken commitment; ultimately resulting in antagonistic outputs.
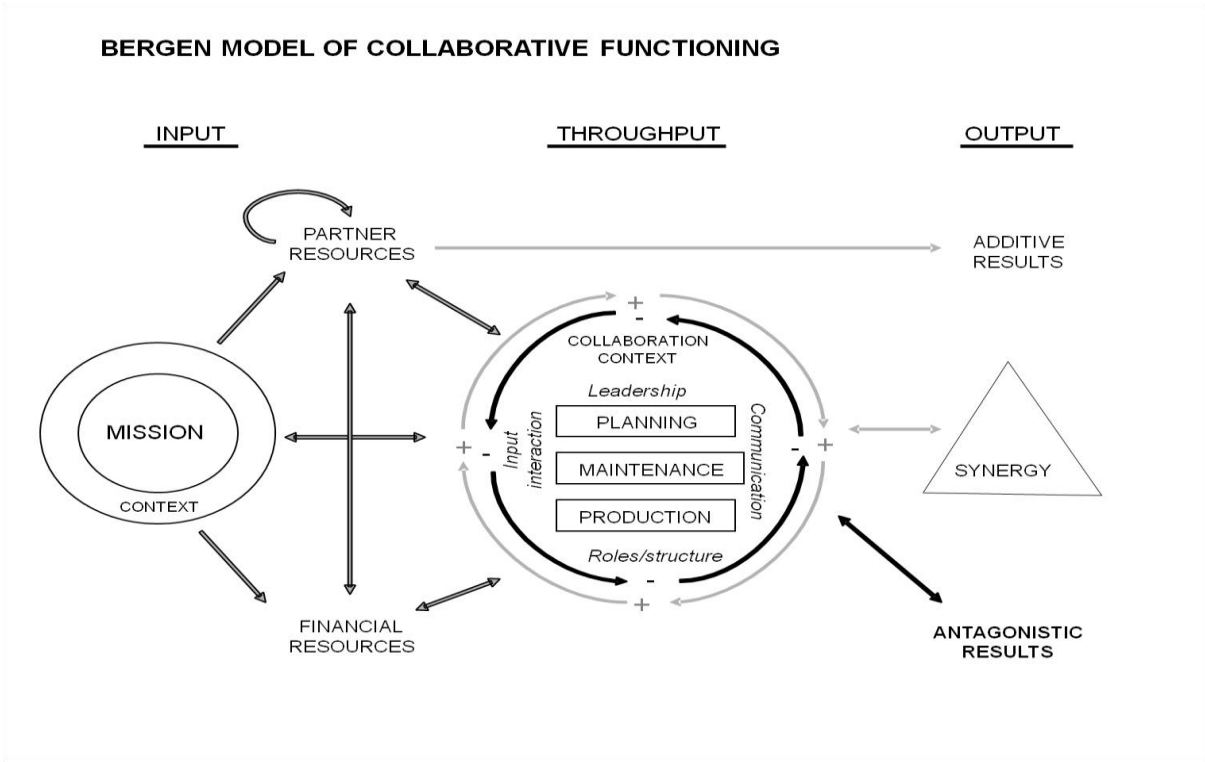

Fig 3: Negative cycles of the Bergen Model of Collaborative Functioning

6.2.1 The mission and its interactions

Members of a partnership need a common understanding of their mission. A long-term commitment and multifaceted aspects of the partnership hold challenges and difficulties. Along with the diversity of partners follows an assortment of perceptions and backgrounds and multiple perspectives of proceedings. Some partners perceive the mission as fuzzy; others have a clear notion of what it comprises. The road to accomplish results is less clear and this has the potential of complicating function. There is the overarching mission, but in order to

reach a successful outcome, each stakeholder's wants and expectations must also be taken into consideration. A sufficient clarification of individual and/ or organisational aims and goals seems not to have taken place in this case. There were differences amongst the stakeholders in what they saw as potential gains and losses of this collaboration. Not uncovering such sprawling perceptions can hinder the flow of interaction (Gray, 1989).

6.2.2 Start of a new partnership

The structure of a partnership may vary and the choice depends on what is the most efficient way in each case (Endresen, 2007). Whether collaboration would be best served by having a steering group or by keeping a flat structure where the leadership commitments circulate, should be agreed upon by the stakeholders. Attention must be made in this choice, because any one chosen to be a leader is quickly perceived as having more power than the rest, despite a flat structure (Lank, 2006). In a true collaborative effort, it would be difficult to distinguish between leading it and participating in it. If one particular partner has the final say in every decision, it is no collaboration.

The partners in this partnership have competing perceptions of what kind of structure it has and what it needs. There seems also to lack an agreement on the stakeholders' roles. There were differences between two "leagues" of stakeholders – the LC's and the NGO's – and this affects the manner in which they participate. The LC's have one coordinator responsible for a variety of tasks internally in the LC administration as well as externally towards the public and towards the partnership. They have large and diverse areas to cover: Keeping surveys of living-conditions and populations as well as initiating specific projects demand a clear and structured mind. On the other hand, the NGO's have a clearer perception of their contribution. Their contribution is strongly related to their specific area of expertise. Whether these differences have been discussed has not been disclosed in the material, but any clarifications of accountabilities were not revealed. There can be a number of reasons for this. One reason may be that the partnership is growing quickly and the internal structure has not yet settled. Another may be that this is openness as a result of the independency of the stakeholders. The missing role descriptions may be a sign of their freedom to contribute when and where they find it suited. A third reason may be that the compilation of power in one of the stakeholders hinders contributions from the rest of them (Lank, 2006).

Throughout the interviews, terms like "project", "long-term" and "starting-up phase" were used somewhat interchangeably by the informants, leaving the researcher uncertain

towards how the partners perceive this partnership. If this is perceived as a try-out project or as a commitment on longer terms will affect what kinds of results they expect to see. One of the informants expressed uncertainty to whether this collaboration is in fact a partnership at all. Sufficient meetings in the beginning of a collaborative venture are necessary to agree on a common language in order to prevent misunderstandings (Huxham, 2003; Huxham & Vangen, 2003). An adequate frequency is crucial in the beginning for several more reasons; for the establishment of friendships and trust and for agreeing upon roles and structures. Even if the partners do report of boosts of energy after their meetings, their energy soon fades when facing their every-day tasks back home. Most of the informants miss more follow-up from the leadership after gatherings to maintain the pressure and the focus on their goals. The frequency of meetings has been agreed upon, but not followed up with the consequence that few of the stakeholders are able to name the rest of the partners by either name or organisation.

When asked who the leader of the partnership is, a number of answers were given; the whole CA, the leader of the department in which the partnership secretariat is situated, one of the two representatives working with the partnership, the other one, or both of them. But even if the specificity of leadership differs, they do agree upon the CA being the leader. In this is embedded the expectancy of the CA to take initiatives. Keeping in touch after meetings as well as maintaining urgency are perceived as leadership tasks. But if the stakeholders do not agree or feel certain towards exactly who the leader is, making such contact is difficult. The blurry roles seems to have left the partners uncertain of what they can expect; who they can contact etc. The blurred definition of leadership encompasses the whole partnership, making communication confusing and unclear, affecting maintenance tasks. The leadership is not adequately visible and is sought after to keep up morale and sowing the partnership together. Previous research has shown that leadership is related to partnership synergy (Jones & Barry, 2011; Weiss, et al., 2002).

The poor structures branches to an asymmetry in communication where most of the communication is between the CA and the partners. The CA was used as a knowledge base. Beyond this few new communication-lines was revealed between the partners. Just over half of the partners reported to communicate between each other in various degrees. These told that the partnership had increased communications. The rest remained passive, only communicating towards the CA. Telephone and e-mail were the most frequent ways of communicating. Communication need to be purposeful, frequent and recognisable (Corbin, 2006). Effective communication is a leadership responsibility without which interactions

cannot take place (Weiss, et al., 2002). With different organisational cultures represented in a partnership different cultures of communicating follows. Therefore the emphasis of a boundary-spanning communication is of essence (Huxham, 2003). Between the face-to-face meetings, e-mails and telephone calls are important tools in maintaining contact. However, as revealed by Corbin (2006), communication overload can hamper partnership functioning.

Some partners are passive with regards to pushing production and initiatives forward. Most partners tend to have an understanding of the idea of a partnership, but do not take measures to initiate production. There can be a number of reasons for this, some of which have been mentioned; communication, structures, rules, roles and leadership. But the material indicates a connection between knowledge and commitment and that the difference in how the partners contribute may be related to their knowledge. This is supported by Baron-Epel et al. (2003), who emphasises the importance of acquiring skills for working in partnerships. Skilled partners have a clearer perception of what they may expect from this and what they can contribute. Less skilled partners partake without a wider notion of what they want to achieve – and to a larger degree expect the leadership to take control. The imbalance of participation may result in an over-use of the active members, holding the risk of wearing them out.

Sufficient funding is decisive for achieving and maintaining a good collaborative climate. It is also decisive for the ability to pursue results. One interesting finding was that practically every one of the informants replied differently when asked of the partnership's financial inputs. Many of the informants expressed frustration on the unpredictable amount, and were uncertain whether the allocations were yearly or based on projects or achievements or other. Ample funding increases commitment. More committed partners may take on a larger degree of responsibility and partake in the maintenance tasks (Mitchell & Shortell, 2000). The NGO's are to a greater extent dependent on external funding. This hinders their ability to make long-term plans. Their own contributions are more bound by statutes and regulations from their funders or from members. Stretching beyond the mere financial inputs, a synergistic partnership demands working heads and hands, time to produce and time to maintain contact. According to Lank, these requirements are so essential that unless they are met, she suggests letting the partnership be (2006). It would only result in frustration and disappointment over plans not followed through, partners not contributing and relationships not maintained. The assumption that having an amount of people working together alone will reach their goals is a mistake easy to make; their combined energy and goodwill alone will not accomplish results. There are large imbalances between the stakeholders when it comes to

accessible partnership-time. The NGO's are doing the partnership work on top of their day-jobs, whilst the majority of the PHC's posses part-time positions. Where one LC offers a 100% position, others offer 40% engagements. The imbalance in position sizes and time amongst the stakeholders undoubtedly causes imbalances in their ability to accomplish results. As well as affecting their capacity to maintain the collaborative environment.

6.2.3 Context

Factors outside the partnership can have negative influences on structures and processes (Huxham, 2003; Weiss, et al., 2002). The fact that the CA is obliged by law may help bringing about increased public health awareness in society. But such legislations may also have negative effects. If the interest is not embedded in the organisations, the initiation may be only motivated by their obligations and not because of passion for such work - or conviction of its effectiveness. This might be reflected in the CA by a relatively low anchoring of their PHC's. The frustration throughout the partnership regarding the unpredictable funding might also be tied to this low anchoring. The hierarchical placing of the coordinators leaves them responsible for the partnerships' tasks, but without influence of their organisations' goals or financial priorities.

There is a similar situation for the PHC's in the LC's. Their positions are often part-time with a low anchoring in the council's structure, leaving many of the stakeholders to question how deep the commitment really goes. As a result of coming laws and state reforms, the focus on public health is gradually changing (Helsedirektoratet, 2010). The LC's will be expected to take more actions and responsibilities to improve their local societies (Helse- og Omsorgsdepartementet, 2008-2009). This is opposed to acting as health care providers, which has been a dominant perspective so far. But the interest for the partnership seems not to be properly embedded within all member organisations; it is mostly carried through the PHC's. They have to work towards enhancing interest and awareness within their organisations. Sometimes they need to fight for their position from one budget year to the next. In order to do this, they have to produce results to prove their relevance. Simultaneously, they are strongly encouraged to fight for better anchoring within their organisations to secure their future existence. The balancing of these tasks is challenging. The individual stakeholder is pulled in two directions, hindering efficient production. The individual's commitment can be mirrored in their ability to achieve results in spite of their poor anchoring. But the issue of

anchoring is of high importance for this partnership. If not properly anchored, the production is lead solely by enthusiasts, risking that if the enthusiasts leave, their work leaves with them.

The internal scepticism in the CA hinders production and predictability. The earmarked funding from the state will not continue. In fact, governmental institutions have expressed uncertainty towards their commitment towards the partnerships in general (Helsedirektoratet, 2010). These things taken into consideration, the continuation of the partnership seems to be dependent on the CA's and on the LC's commitments. The mission is on long-term; the partners are committed to think and to aim on long-terms, while financial allocations and political actions seem to be on short terms.

6.3 Methodological considerations

With all kinds of scientific research follows challenges concerning credibility and validity, so also in this present case. It has taken a qualitative approach, applying the case-study methodology. Conducting a good qualitative study is not about measuring objective reality, it is about making in-depth investigations of smaller groups or entities (Polit & Beck, 2008). *"Case study researchers attempt to analyze and understand issues that are important to the history, development, or circumstances of the entity under study"* (Polit & Beck, 2008, p. 235).

6.3.1 Validity and reliability

Validation of the data is the process of understanding the material correctly; of *"accurately representing the perspectives of the people interviewed or observed"* (Polit & Beck, 2008). The validity can be threatened through bias of the researcher or in that the researcher fails to disclose inconsistencies in the material. One of the challenges of applying a qualitative methodology is verification of the results. A triangulation of data is recommended in qualitative research to increase the validity of the information (Kvale, et al., 2009). In this present case, this has been done through observation, interviews and a revision of documents. The informants were selected and invited in order to cover a broad scope of backgrounds and perspectives. All organisational levels as well as types of organisation were invited. This includes representatives from state, county administration, LC's and non-governmental organisations. The invitees had all participated in partnership meetings, but to various extents and for various lengths of time. By inviting participants with various seniority of the

partnership, the case opens for a broader perception of what influence the use of the model has had on the partnership functioning. Not invited for this thesis were senior employees within the member organisations; only actual partnership participants were invited. This was a natural selection in that the functioning of their collaboration was to be investigated. However, the material has disclosed the importance of interest from all levels within the member organisations. In hindsight, including decision makers on higher organisational levels could have provided better understanding of the processes.

In addition to triangulation statements were verified across participants. One participant's statements were measured against other information. All angles of the results have been presented in the results section in order to ensure that all relevant information has been considered throughout analysis (Creswell, 2009). To further enhance a valid understanding of the statements, the transcribed interviews were meticulously compared with tape recordings. The informants were offered a transcript of their interview. They were encouraged to report back in case of additional information and/ or misunderstandings through the transcription process. One informant reported additional information.

A pilot interview per se was not conducted. This is recommended as a pilot interview can facilitate the process for an inexperienced researcher (Kvale, et al., 2009). However, the co-supervisor was the first interviewee. Her great knowledge of the model and the processes under investigation eased this first interview and so filled the purpose of a pilot interview. The role of the co-supervisor has been a potentially challenging one, in as much as she fills several roles and might have had an impact on the performing researcher. Measures have been made to counteract this. The principal supervisor has been the main contact person through this work and the researcher has made all possible efforts to reflect and to be critical towards own perceptions and where they come from. The co-supervisor has had a part in providing access to the case and in the selection of participants as well as the development of the interview guide. Considering her inside knowledge of the partnership, her work with the guide may have influenced the questions and the manner in which they were formulated. Through cross-checking with earlier guides from research on the model the researcher has tried to counteract any such effects. The co-supervisor's feed-back on analysis and results has taken place in late stages of the processes. She has not been included in the earlier phases of the analysis, and has had no access to interviews. All efforts have been made to maintain the anonymity of the informants in general, but in particular towards her. She left the organisation several months before this research work was concluded.

6.3.2 The role of the researcher

Qualitative research is a process in which the researcher is learning underway (Kvale, et al., 2009). Results are often not apparent before after the interviews are conducted and the process of analysis underway. The superiority of qualitative research is connected to experience; the quality increases with the experience of the researcher. The primary researcher has not done any qualitative research before and this inexperience must be considered. The researcher may have missed some information due to lack of required attention or failed to follow up on relevant trails in the conversations. In order to counteract such effects, dialogues were held with the supervisor during the phase of gathering information, to help develop the critical reflection of the researcher.

The researcher had no former affiliations with partnership, participants or co-supervisor and was unbiased in this context.

6.3.3 The interview setting

Most interviews were conducted in the informants' offices. This provided the researcher with additional observational information. In being in their day-to-day setting, the researcher reached a better understanding of how each perspective varies according to their physical placement within the county. The CA is the hub of the partnership located in central Bergen; others are in rural councils experiencing more hands-on challenges. The succession of the interviews may possibly have influenced the results. Near all non-governmental organisations were interviewed first, the councils thereafter. This was due to coincidences and not sought after. If a wider range of informants had been interviewed earlier, the researcher would quicker have reached an overview of the partnership. This could have provided the opportunity to ask more critical questions and better follow-up during the conversations. Three interviews were held outside the informants' offices. One of these was conducted in an empty hotel bar with a tight time-frame. This affected the conversation and may have influenced the information provided. Another interviewed was disrupted by failing technological equipment. Some parts of the interview were not captured on tape. This was discovered during the interview and summaries were made. The researcher found the remaining parts satisfactory and the interview was not repeated.

Emphasis was laid upon not asking closed or leading questions throughout the interviews. The semi-structured interview guide was used to ensure this. The interview guide was based on the BMCF and its themes. This together with the inexperience as a researcher

may have worked restrictive towards exploring information beyond these questions. The possibility of a more critical investigation of the model if other questions had been posed is present. The questions regarding trust might have been more worked through and emphasized. The answers given were close to unanimous in declaring trust as a vital element. However, the way the question was posed may incline anyone to respond positively. It is not likely that trust is something anybody would be against or negative towards. If the question was posed differently, trust's relevancy in partnership functioning might have been disclosed more clearly. This may also apply for the question regarding the partnership mission; an assumption was made by the researcher of the mission being fuzzy. Some of the partners shared this perception, others had a quite clear notion of its' comprises. If the question was posed differently, richer results might have been provided.

6.3.4 The challenge of translation

All interviews were conducted in Norwegian. Throughout the analysis process the material was kept in Norwegian until the selected quotes were translated by the researcher. The translations have emphasized the meaning of the quotes, rather than a word-by-word transcript. The quality of translations will affect the validity of the research (Kvale, et al., 2009).

Valuable inputs and advises has been given throughout this whole process. Nevertheless, the primary researcher is responsible for what has been presented in this thesis.

7.0 Conclusions and implications

In all qualitative research, the researcher plays a central part throughout the process. The experience and attentiveness of the researcher may affect the validity of the findings, thereby relevant also in this thesis. An inexperienced researcher, as is the case in this thesis, may not have been able to identify necessary issues or may have failed to take required actions. Throughout this project the researcher has made every endeavour to account for these challenges. The presentation and the process of this work have been embedded in research ethics. On this basis, the following conclusions have been made:

7.1 Conclusions

The Bergen Model of Collaborative Functioning proved to be an applicable tool to analyse 'Partnerskap for Folkehelse'. Every part of the model was disclosed in the partnership. Personal and financial inputs were identified and they interacted, along with the environment, with leadership, communications, structures, rules and roles - throughputs – all interrelated and affecting partnership functioning. Both positive and negative cycles of interactions were identified.

The mission and its perceived urgency gave room for engagement and optimism within the partnership. The partners were engaged in the mission and in each other, creating good exchanges and positive cycles of interactions, facilitating collaborative functioning. The direct financial support for the Public Health Coordinator positions has facilitated health promoting work in the LC's; enabling actions and strengthening local awareness. The mission is perceived as urgent and has catched media- and public interest, facilitating partnership production. Vague structures, unclear roles and uncertain time- and financial frames resulted in negative cycles of interactions, hindering collaborative functioning. The anchoring of the partnership representative within their own organisation proved to be a key environmental element. Anchoring had large influences on productivity and maintenance; the higher the anchoring, the larger implementation capacity.

The introduction of the BMCF has had implications for the partnership functioning. The BMCF has been a useful tool for structuring their mission, establishing goals and timeframes, performing as a valuable tool for the leadership in particular. As a result of little follow-up the subsequent year, the effects are not clearly pronounced.

There are indications that knowledge of and involvement in partnership mentality may affect participation. The partners with clear knowledge or expertise were the ones that had the clearest perceptions of what they could contribute and why they had joined. However, these indications are not conclusive.

7.2 Implications and suggestions for future research

The findings of this study indicate that the BMCF is applicable as a structuring tool. However, since the findings are not conclusive, further research into the structuring abilities of the model would be necessary to conclude on effectivity. Despite the lack of conclusiveness, the indications are strong enough for the researcher to suggest that the BMCF may work as a structuring tool for establishing a new partnership.

The establishment of partnerships is growing in numerous fields and has become an important element in Norwegian health promotion work. Research on partnerships and on factors affecting partnership functioning is sought after. This study has provided insight into a particular partnership and confirms previous knowledge about partnership functioning. The BMCF has been tested in a new partnership setting, wherein the latest modifications have been confirmed as necessary and useful additions. As this particular partnership has been established as a result of a nation-wide state initiative, the findings of this study may be relevant for understanding partnership functioning of other, similar partnerships.

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Appendixes

Appendix 1 – Invitation Letter

Evaluering av Hordaland Fylkeskommunes 'Partnerskap for Folkehelse'; forhold som fremmer og hemmer samarbeid på tvers av ulike organisasjoner.

Forespørsel om å delta i intervju i forbindelse med en mastergradsoppgave
Jeg er masterstudent i helsefremmende arbeid ved Universitetet i Bergen og holder nå på med den avsluttende masteroppgaven. Temaet for oppgaven er partnerskap, der jeg skal undersøke hvilke faktorer som fremmer og hemmer godt samarbeid. For å finne ut av dette, ønsker jeg å intervjue 10-12 personer som er, eller har vært delaktig i Hordaland Fylkeskommunes 'Partnerskap for Folkehelse'. Målet med studien er å identifisere faktorer som har innvirkning på et vellykket samarbeid mellom ulike partnere. Spørsmålene vil dreie seg om den enkeltes opplevelse av Partnerskap for folkehelse.

Jeg som forsker er underlagt taushetsplikt, og alle opplysninger vil bli behandlet konfidensielt. Alt materiell vil anonymiseres og verken alder, kjønn, navn eller arbeidssted vil kunne identifiseres. Ingen enkeltpersoner skal kunne gjenkjennes i den ferdige oppgaven; heller ikke av andre deltagere i studien. Dette brevet har blitt formidlet til deg via en ansatt i Hordaland Fylkeskommune; Lise Corwin. Hun er biveileder for meg i denne oppgaven, men vil ikke ha tilgang på mitt innsamlede materiale. Før alle personidentifiserende opplysninger er borte, er det bare jeg som har tilgang på samtalene. Min hovedveileder kan bistå meg om jeg skulle ha behov for veiledning i denne prosessen, uten fare for at taushetsplikten brytes.

Jeg vil bruke båndopptaker og ta notater mens vi snakker sammen. Intervjuet vil ta 45-60 minutter, og vi blir sammen enige om tid og sted. Opptakene vil bli skrevet ut umiddelbart etter møtene, og lydbåndene vil oppbevares sikkert ved Universitetet i Bergen. Etter at intervjuet er nedskrevet, vil du kunne lese det skrevne materialet, for å sikre korrekt gjengivelse av samtalen. Her vil det også være mulig å komme med utfyllende opplysninger. Hvis det er spesielt sensitive tema, eller du ønsker å referere til andre intervjuobjekter, kan det utføres korte intervjuer uten båndopptagning. Intervjuene vil i all hovedsak bli gjennomført i løpet av oktober og november 2010.

Det er frivillig å delta og du har mulighet til å trekke deg når som helst underveis, uten å måtte begrunne dette nærmere. Dersom du trekker deg vil alle innsamlede data om deg bli slettet. Dersom det viser seg å være utsagn som kan identifiseres og som ønskes brukt i den ferdige oppgaven, vil jeg ta direkte kontakt med deg og spørre om godkjennelse før publisering. Opptakene slettes når oppgaven er ferdig, innen utgangen av 2011. Resultatene av studien vil bli rapportert i en masteroppgave, men det tas også sikte på konferansebidrag og ytterligere publisering.

Jeg vil ta kontakt med deg via mail innen kort tid. Dersom du ønsker å delta i denne undersøkelsen trenger jeg også et formelt, skriftlig samtykke, så det er fint om du skriver under på den vedlagte samtykkeerklæringen og sender den til meg/ overleverer den ved første møte. Hvis det er noe du lurer på kan du ringe meg på 97 70 04 13, eller sende en e-post til aina.haugstad@student.uib.no. Du kan også kontakte min veileder Torill Bull ved Hemil-senteret på telefonnummer 55 58 32 19. Studien er godkjent av Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste A/S.

Med vennlig hilsen
Aina Haugstad
Nordre Skogvei 6
5057 BERGEN

Samtykkeerklæring:

Jeg har lest informasjonsskrivet og samtykker med dette til å delta i forskningsprosjektet. Jeg er innforstått med at min deltakelse er frivillig og at jeg når som helst kan endre mening, trekke meg, eller nekte å delta uten konsekvenser for meg. Jeg kan nekte å svare på spørsmål, og jeg kan stanse intervjuet, uten noen videre implikasjoner for meg. Jeg er innforstått med at enkelte utsagn kan bli direkte sitert. Min yrkestittel kan bli forbundet med teksten, men mitt navn vil forbli konfidensielt.

Jeg gir herved mitt samtykke til å delta i forskningsprosjektet.

Navn med blokkbokstaver   Signatur

………………………………   ……………………………

Telefonnummer …………………………..   Sted og Dato……………

Appendix 2 – Interview guide

Interview guide - Hordaland County Adminstration's 'Partnerskap for Folkehelse' (PFF)

This interview will consist of four parts. The first part relates to you / your organisations reasons for joining this partnership and to the partnerships' mission. The second part concerns resources (personal, financial, contextual) within the partnership. The third part deals with your experience with this partnership. The last part investigates your perceptions on the recently introduced partnership model. You will be updated on our progress during the interview.

Part 1
- Do you know why your organisation joined the PFF?
    - o Relevant / current themes?
    - o Economy?
    - o Other
- Can you briefly tell me why you partake in this partnership?
- How is your work position anchored within your organisation?
    - o Do you feel this enables you to do a good job?
    - o How does your organisation facilitate your work with the partnership?
- What is the of the partnership's mission?
    - o Do you know what the other participants' goals and purposes of attending, is?

Part 2
- What kinds of resources does your organisation contribute to the partnership?
- In what ways do you contribute to the partnership?
    - o Personally?
    - o Professionally?
    - o Do you spend a lot of time on the partnership?
- Who are the other partners of the partnership?
    - o How do they contribute?
- What financial resources are there within the partnership?
    - o Does the partnership generate further economic resources?
        - ▪ From your local council?
        - ▪ State / private actors?

    Is there anything surrounding the partnership that you feel promotes or inhibits cooperation?
    - o Laws
    - o Your own organisation
    - o The Media
    - o Other

Part 3
- What eases cooperation in the partnership?
    - o Economy?
    - o Human resources?
    - o Context?

- What hinders cooperation in the partnership?
  - Economy?
  - Human resources?
  - Context?
- Do you and the other partners have clearly defined roles?
  - Do you feel that the different parties contribute equally?
  - Do you find that the participants take responsibility to implement the goals?
  - Is there room for all the partners?
- In what way do the partners communicate?
  - How is the quality of communication?
  - Formal? Informal?
  - Do you meet face-to-face?
  - Where / how?
- Who manages the partnership?
  - How do you feel the partnership is managed?
  - How important is trust to you, in a partnership?
- Is the partnership maintained?
  - How?
  - What is the role of the management in maintaining good cooperation?
- Do you find the partnership important?
- In your experience, does the partnership achieve anything?
  - Do you think this partnership will survive and meet its stated goals?
  - What factors do you experience as being essential to achieve success?
  - What has been the greatest hinders in the cooperation of partners?
- How do you find being a member of the PFF?
  - How have you personally felt received?
- Are there conditions that are particularly motivating you to work in the partnership?
  - Can you recall any situations where you have been impressed of the outcome?
  - Are there specific conditions within the partnership, or surrounding it, that inspires you?
- Are there conditions that in particular de-motivate you from further working with the partnership?
  - Do you recall any situation where you have been disappointed of the outcome and lost the impetus to continue?
  - Are there special conditions within, or around the partnership that de-motivates you?
- What conditions facilitate implementation of public health work in your LC / organisation?
- What conditions counteracts the implementation of public health work in your LC / organisation?

Part 4 (only relevant for those attending):
At a workshop before Christmas last year, and at the last partnership gathering for the LC`s in September, you worked with goals and strategies for the partnership. This is based in the research I do, and what Lise has done at Universitetet i Bergen. We hope for feedback on your experiences of being introduced to this method.

- How did you find being introduced to this procedure of partnership?
- Have you experienced changes in the partnership following this?

- o Production?
- o Maintenance?
- o Planning?
- o Partners?
- o Economy?
- o Communication?
- o Leadership?
- o Structure/roles?
- Have your attitude towards the partnership changed following this?

Summary
- Is there something I didn`t ask that you think may give us a better understanding of the initial phase of this project?
- Would you like a transcript of this interview and possibly add something later, if you feel some things can be further complemented?
- Do you have questions or commentaries for me as an interviewer? How was your experience of being interviewed?

Appendix 3 – Norsk Samfunnsvitenskapelig Datatjeneste

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES

Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Torill Bull
HEMIL-senteret
Universitetet i Bergen
Christiesgt. 13
5015 BERGEN

Vår dato: 30.08.2010   Vår ref: 24783 / 3 / LT   Deres dato: Deres ref:

KVITTERING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 16.08.2010. Meldingen gjelder prosjektet:

24783	*Evaluering av "Partnerskap for folkehelse" i Hordaland fylkeskommune med utgangspunkt i The Bergen Model of Collaborative Functioning (BMCF)*
Behandlingsansvarlig	*Universitetet i Bergen, ved institusjonens øverste leder*
Daglig ansvarlig	*Torill Bull*
Student	*Aina Haugstad*

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.
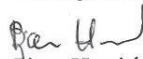
Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, vedlagte prosjektvurdering - kommentarer samt personopplysningsloven/-helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, http://www.nsd.uib.no/personvern/prosjektoversikt.jsp.

Personvernombudet vil ved prosjektets avslutning, 31.12.2011, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Bjørn Henrichsen   Lis Tenold

Kontaktperson:Lis Tenold tlf: 55 58 33 77
Vedlegg: Prosjektvurdering

Avdelingskontorer / *District Offices:*
OSLO: NSD. Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uio.no
TRONDHEIM: NSD. Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyrre.svarva@svt.ntnu.no
TROMSØ: NSD. SVF, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. nsdmaa@sv.uit.no

Personvernombudet for forskning

Prosjektvurdering - Kommentar

Det gis skriftlig informasjon og innhentes skriftlig samtykke. Personvernombudet finner skrivet tilfredsstillende.

Personvernombudet legger til grunn at taushetsplikten ikke er til hinder for førstegangskontakt.

Innsamlede opplysninger anonymiseres ved prosjektslutt, senest 31.12.2011. Med anonymisering innebærer at navnelister slettes/makuleres, og ev. kategorisere eller slette indirekte personidentifiserbare opplysninger. Lydbåndopptak makuleres.

Appendix 4 – Regional Etisk Komité

Fra post@helseforskning.etikkom.no
Til aina_haug@hotmail.com
Hei,
Jeg har gått gjennom informasjonen/intervjuguiden du har sendt, og ser ikke på dette som et prosjekt som er fremleggingspliktig for REK.

En skal evaluere 'Partnerskap for Folkehelse'; et formalisert partnerskap inngått mellom Hordaland fylkeskommune og ulike kommuner i fylket, samt private/ frivillige organisasjoner som samarbeider med dem. Helseforskningsloven gjelder for virksomhet som utføres med vitenskapelig metodikk for å skaffe til veie ny kunnskap om helse og sykdom. Dette prosjektet fremstår som en evaluering/kvalitetssikring av pågående tjeneste, og er derfor ikke fremleggingspliktig for REK.

Da du skal samle inn personopplysninger må prosjektet klareres med personvernombudet for forskning/NSD.

Prosjektet kan således i prinsippet gjennomføres uten godkjenning fra REK, som ikke har innvendinger mot at resultatene evt. blir publisert.

mvh
Øyvind Straume
førstekonsulent

Regional komité for medisinsk og helsefaglig forskningsetikk
Vest-Norge (REK Vest)
Postadresse: Postboks 7804, 5020 Bergen
Besøksadresse: Haukeland universitetssykehus, 5021 Bergen
Telefon: 55 97 84 97
E-post: rek-vest@uib.no
http://helseforskning.etikkom.no/xnet/public