



MEASURING THE IMPACT OF PARTNERSHIPS

POLICY CONTEXT

Working in partnership across government departments and their agencies and with the community, voluntary and business sectors and trade unions is central to government policies for tackling complex problems. Several such partnerships have been set up to improve health in deprived communities and address inequalities in health in Ireland and Northern Ireland. For example, in Northern Ireland the Investing for Health public health strategy led to the establishment of four partnerships as a key mechanism for implementing this strategy. These partnerships all share a common goal of reducing inequalities in health by effectively tackling the wider determinants of health. The involvement of communities and users in deciding and implementing policies is central to their approach.

Definition of partnership: where two or more organisations make a commitment to work together on something that concerns them both, develop a shared sense of purpose and agenda, and generate joint action towards agreed targets.

Health Education Board, Scotland 2001

EVALUATING PARTNERSHIPS

People often assume that collaboration will be more effective than efforts planned and carried out by a single organisation, yet there is little evidence that collaboration has improved health status or impacted on health systems. Evaluating partnerships is difficult for various reasons such as the long timescales for achieving impact, different perspectives on what success means, the complexity and variability of partnership interventions, and the different contexts within which partnerships work.

RESEARCH INTO MEASURING THE BENEFITS OF PARTNERSHIPS

The Research and Development Office for Health and Personal Social Services in Northern Ireland funded the Institute of Public Health in Ireland to undertake this research between 2003 and 2006. The aim of the research was:

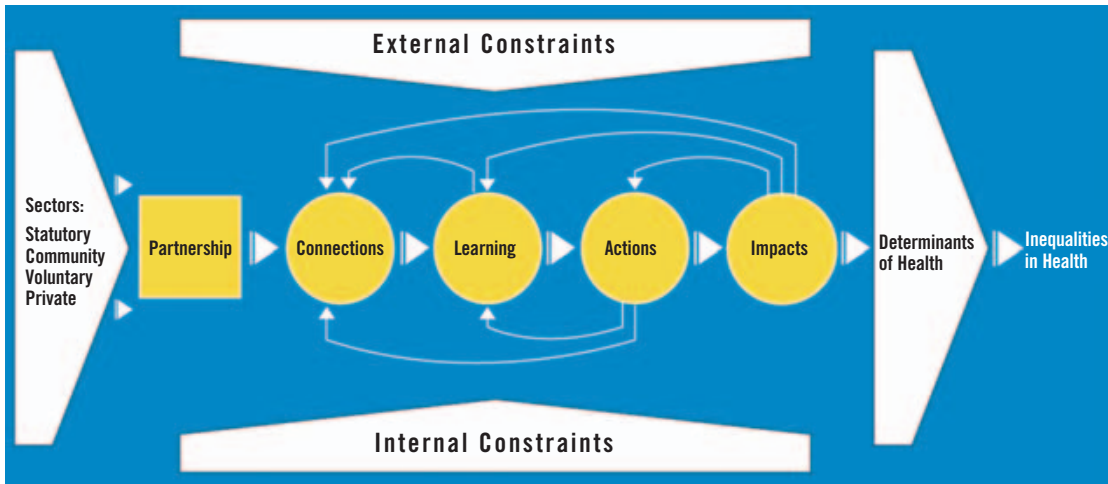
to identify the impacts of multisectoral partnerships, how they can be measured, and what contribution they make to tackling inequalities in health.

In depth case studies of four partnerships were carried out with: Armagh and Dungannon Health Action Zone; North and West Belfast Health Action Zone; Northern Neighbourhoods Health Action Zone; and Western Investing for Health Partnership. Based on these case studies, the Institute has developed a conceptual model linking the collaborative efforts of partnerships to benefits which impact upon the determinants of health.

A full research report will be published by the Institute in late 2006. The Institute is keen to test out the applicability of this research to partnerships in Ireland.

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BENEFITS OF WORKING IN PARTNERSHIP: A MODEL



The model is explained as follows. The overall purpose of these partnerships, which is to reduce inequalities in health, is depicted at the right hand side of the model. The model incorporates the growing body of evidence that health is influenced by a broad range of determinants. On the left hand side of the diagram, the model shows how various statutory agencies work alongside community, voluntary and private sector organisations to address the various social and economic policies for which they are accountable or have an interest, often independently. However, where organisations face intractable problems which they cannot address on their own, they often form partnerships.

Once a partnership forms and begins to meet, partners connect with one another, develop relationships and strengthen their networks. This is indicated in the first circle in the model moving from left to right. Based on the relationships formed, partners start to get to know each other, to learn about each others' organisations, to gain an understanding of each others' agendas and work, and to develop a more holistic understanding of local communities' needs. This is reflected in the second circle. As a result of this knowledge and understanding, they begin to act differently. They find that it helps them to do their jobs better, to meet their own organisations' agendas, and to help others to meet theirs. They may find ways of tweaking resources or influencing others to achieve a broader goal. Finally, in the fourth circle, these developments can lead to more effective projects, programmes, improved service delivery and strengthening of communities.

Our model includes internal and external constraints. Internal constraints are those factors which are inherent to the partnership itself, such as conflict between partners and the time consuming nature of collaborative work. External constraints are those things which are beyond the control of the partnership but which impact on its ability to achieve its goals. These may include changing and conflicting policies, availability of resources and political climate. Benefits may spin off at any stage in the model and may not be perceived as being attributable to the partnership. Most partnership evaluation frameworks fail to identify these.

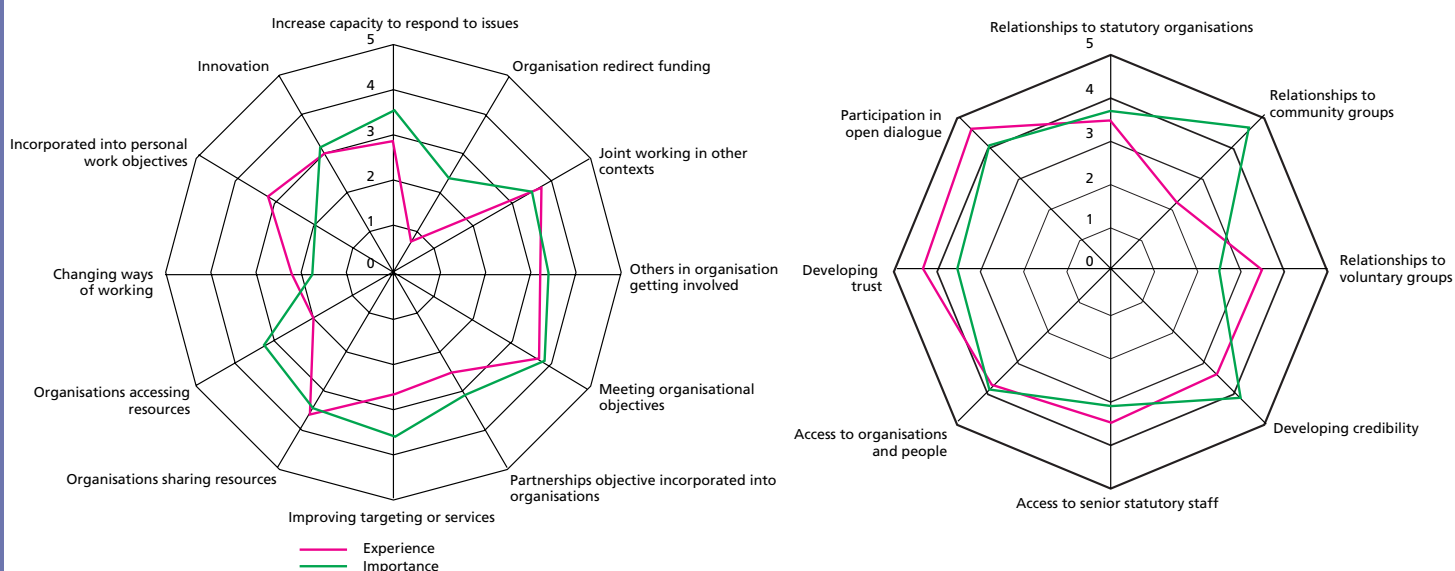
INDICATORS OF PARTNERSHIP BENEFITS

The Institute has developed a set of indicators for use in assessing progress along each stage of the model: connections, learning, action and impacts. Although indicators have limitations there is demand from partners, funding agencies and policy-makers for measurement of progress in partnerships and we have tried to be sensitive to those limitations.

It is intended that partnerships can use the indicators to monitor progress and we anticipate that over time, a successful partnership would accrue benefit within each “circle” in the model as well as along the pathway of change.

PARTNERSHIP EVALUATION TOOL (PET)

The indicators make up a partnership evaluation tool which has been tested and refined with seven partnerships. Each partnership receives an individual diagrammatic and written report. The tool assesses the importance of each indicator for each partner as well as their experience of it and this is displayed on a spider diagram as follows:



The partnership evaluation tool is being developed as a web-based resource which will be available free of charge on the Institute’s website for any partnership to use to support its own assessment and development.

WHAT ELSE HAVE WE LEARNT?

- The different approaches to community engagement use by partnerships
- How different partners conceptualise inequalities in health and strategies to address them, and the implications of this for how they work
- Leadership in partnerships, and in particular the role of partnership managers
- A perspective on the interface between policy-makers within government and partners working locally.

PERFORMANCE MEASUREMENT OF PARTNERSHIPS

The Department of Health, Social Services and Public Safety, Northern Ireland have commissioned the Institute to develop a Performance Measurement Framework for Investing for Health Partnerships. The emphasis is on development and on sharing best practice between partnerships, and the framework provides a potential model for partnership performance measurement.

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