Working better together: new approaches for understanding the value and challenges of organizational partnerships

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SUMMARY

Inter-agency partnerships are critical for addressing the interrelated circumstances associated with the social and health determinants of health inequalities. However, there are many challenges in evaluating partnership processes and outcomes. We discuss a mixed methods study that explored partnership processes in an innovative program that aims to promote social and economic inclusion for young newly arrived refugees. A theoretically informed evaluation was designed and data collected in three ways: an organizational ethnographic approach; a partnership self-assessment tool and semi-structured interviews. Partnership assessments and interviews were collected at two points in time providing progressive process data. Analyses explore divergent levels of staff satisfaction with the partnership’s operations, particularly between staff working in program development (strategic management) and program delivery (service provision) roles. Follow-up data collection indicated satisfaction with partnership processes had improved. The partnership did achieve its aim of increasing the level of cooperation between service providers to support young people from refugee backgrounds. This paper presents insights into how to evaluate inter-agency partnerships and reports both methodological and empirical findings. It provides an approach for a better understanding of the levels at which individuals operate within such partnerships, indicating areas where support and attention is needed.

Key words: partnership; mixed methods; evaluation; organizational ethnography

INTRODUCTION

Addressing inequalities through partnerships

The World Health Organisation’s Commission on the Social Determinants of Health highlighted the significance of the structural determinants and conditions of daily life that contribute to inequalities. The Commissioners argue for a redistribution of resources across organizations and systems with a reinvestment in the value of collaborative action (World Health Organisation, 2008). In practice, addressing complex and interrelated social issues requires coordination between community-based organizations and sectors, and integrated or ‘joined-up’ service models to support marginalized and vulnerable populations (Burnett and Appleton, 2004; State Services Authority, 2007; Babiak, 2009; Russel and Jordan, 2009). Collaborative partnerships require
considerable investments of time and other resources. Despite this, empirical work that explores how complex collaborations are realized in practice remains scarce (Kelman et al., 2011). Furthermore, it is difficult to assess the interactive effects of ‘joining-up’ service models in terms of both short- and long-term outcomes (Hayes et al., 2011). Developing robust methods for evaluating partnership initiatives to address complex issues are critical. In this paper, we discuss an evaluation of a multi-sector organizational partnership that was established to provide integrated support to recently settled young refugees in Melbourne, Australia. We report the outcomes of a longitudinal process evaluation that was conducted to assess and improve partnership functioning. We argue that those implementing complex partnerships need to recognize and pay attention to the differing levels of collaboration involved in undertaking partnership activities, and to support them accordingly so that the partners work better together.

The Ucan2 program and partnership
The Ucan2 program is situated within standard on-arrival English language programs offered to refugee background youth aged 16–25. It involves three partner organizations that provide services for migrant and refugee populations specializing in education and training, welfare, advocacy and counselling services. Ucan2 runs 1 day a week for 16–20 weeks and is co-facilitated by program delivery teams that consist of a staff member from each of the three partner organizations. A different program delivery team implements Ucan2 at multiple sites each semester. The objectives of the Ucan2 program are as follows:

(i) Increase the level of cooperation between providers of education, social support, training and employment services working with young people from refugee backgrounds in the 16–24 year age group.

(ii) Increase education, training and employment opportunities for young refugees in the first 15 months of the resettlement, recovery and integration processes.

(iii) Increase psycho-social support provided to participants through peer-based mentoring and educational case management.

The authors conducted an evaluation of the program against these objectives. This paper is concerned with the assessment of the first of these objectives.

‘Partnership’ is an ill-defined concept, subject to multiple interpretations and frequently used interchangeably with alliance, coalition, network and collaboration among other terms. The World Health Organisation (The World Health Organisation, 2008) defines a partnership as ‘a voluntary agreement between two or more partners to work cooperatively toward a set of shared outcomes’. Burnett and Appleton (Burnett and Appleton, 2004) distinguish between ‘multi-agency’ and ‘inter-agency’ partnerships, with the former referring to efforts to coordinate the activities of partner agencies, while the latter involves some dissolving of independence in common and cooperative efforts. The Ucan2 partnership is an inter-agency partnership because it involves a shared pooling of resources and a coordinated approach to implementing the Ucan2 program. Further, it is an inter-sectoral collaboration and involves some reorientation and extension of partner organizations’ usual activities. As the partner organizations are located across different sectors, they operate under different paradigms which can influence ways of working and organizational values and constraints (for example, corporate and not-for-profit). The partnership is also asymmetrical as one of the partner organizations both initiated the program and provides its funding.

Organizational collaboration was identified as critical to the success of the Ucan2 program, and it was deemed that monitoring of partnership processes warranted special attention in the overall evaluation framework. This required regularly appraising coordination processes to identify what is working, and what is not working, in a timely way so that corrective action could be made during the program as a progressive process evaluation. Process evaluation is a well established and necessary component of monitoring concurrent implementation (Brinkerhoff, 2002; Nutbeam and Bauman, 2006).

Despite calls for more robust evaluation frameworks with methodological innovations (Smith et al., 2009; Perkins et al., 2010) to appraise partnership progress, there remain many challenges in doing so. In particular, there are well-described difficulties in attributing successful outcomes to partnership arrangements or determining whether observed benefits outweigh the costs of partnership. Moreover, the different partners may ascribe different weights and meanings to the multiple
dimensions on which the success of partnerships might be evaluated (Dowling et al., 2004). The aims of this paper are two-fold. First, to demonstrate how partnership evaluation methods can be adapted, expanded and combined to provide a new approach to gain detailed insights into partnership processes. Secondly, we aim to present empirical findings that provide a deeper understanding of staff perspectives of the challenges and enablers of the inter-agency partnership. We present the evaluation findings of the Ucan2 partnership using a mixed methods longitudinal approach.

**Approaches and challenges for evaluating partnerships**

It is axiomatic that partnerships are indispensable for providing integrated services. Organizations vary not only according to the services they provide, the professional disciplines they represent, size and structure, but also in terms of their philosophical understandings of the ways in which inequalities are conceptualized and addressed. Professional boundaries, different accountability structures and a lack of clearly articulated common goals can combine to undermine efforts to work collaboratively in partnerships (Evans and Killoran, 2000; van Eyk and Baum, 2002; Wildridge et al., 2004; Beresford and Branfield, 2006; Lester et al., 2008). Identifying and articulating challenges for working in partnership needed to be captured in the Ucan2 evaluation. It is important that evaluation strategies accommodate these increasingly complex organizational settings so that management can be alerted to areas requiring considered effort to resolve any tensions.

Often partnerships are evaluated by merely documenting the number of partnership relationships that are established between organizations and less attention is given to the processes through which they function and the outcomes that are achieved. This quantitative approach is not particularly useful for identifying areas for partnership improvement. In contrast to more comprehensive and systematic approaches to recent partnership evaluation research in the USA (Rollison et al., 2012) and Canada (Laperrière et al., 2012) partnership evaluation research in Australia has been limited with few studies reported in the peer-reviewed literature. Although there are challenges in developing sufficiently complex evaluation frameworks to capture the contextual, multi-dimensional and interactive aspects of partnerships, we aimed to design this evaluation to include these dimensions and provide useful information to the partners. The evaluation of Ucan2 provided us with an opportunity to test a new approach to inform this current gap in the literature.

A number of frameworks have been advocated as useful for conceptualizing and evaluating complex interventions and partnerships. Realist evaluation methodologies, for example, have emerged as a useful framework to identify ‘what works, how, in which conditions and for whom?’, rather than ‘does it work?’ (Pawson and Tilley, 1997; Marchal et al., 2012). While some scholars suggest that transferability of findings to other settings is likely to be enhanced, others have suggested that a realist approach it is not well suited to the evaluation of complex interventions (Blamey and Mackenzie, 2007). When an intervention operates in multiple sites with multiple outcomes there are difficulties in capturing intricate details that can answer the ‘what works?’ questions. Furthermore, identifying ‘what works for whom?’ requires detail from everyone involved. It was important in this project to involve individuals operating at all levels of the partnership—from development to implementation.

In exploring alternative partnership evaluation approaches (Arnstein, 1969; Center for the Advancement of Collaborative Strategies in Health, n.d.; The Audit Commission, 1998; Pope and Lewis, 2008), we identified the ‘Partnership Continuum’ as a relevant framework (VicHealth, 2003). The Continuum offers a considered and practical way of conceptualizing different levels of partnership to guide the identification of specific needs of the partner members. Using the taxonomy of the Partnership Continuum (Figure 1), ‘networking’ is characterized by minimal involvement between partners, usually limited to exchanging information. ‘Coordinating’ involves the exchange of information and some mutual activities that have common objectives. ‘Cooperating’ partnerships involve sharing resources and are likely to require greater investments of time contributed to the partnership and require higher degrees of trust between partners. ‘Collaborating’ is the most demanding, as it involves higher degrees of planning and sharing of resources and is the most integrated, requiring deep levels of engagement between partners. Collaborating partnerships depend upon strong organizational commitment and result in some degree of organizational change to support partnership objectives,
heightened interdependence between partner organizations and subsequently higher risks for partners. The partnership continuum notes that most partnerships will move up and down the continuum and that not all partnerships will operate or need to operate at the highest level. This depends on the need, purpose, capacity and willingness of the participating agencies (VicHealth; Himmelman, 2001).

Differing levels of relationships within partnerships have previously been distinguished (Arnstein, 1969), however, they do not provide an adequate approach for understanding the underlying processes of collaborative efforts and also lack practical evaluation guidance (Tritter and McCallum, 2006). Brinkerhoff, however, proposes a methodology for assessing partnerships. This framework outlines three primary methods: (i) process observation and assessment; (ii) partner survey; and (iii) partner interviews (Brinkerhoff, 2002), although no specific partner survey is provided. Increasingly partnership self-assessment tools are being developed to assess partnership processes as they are usually cost-free, readily available and can produce data quickly. These tools provide a 'snapshot' of a partnership’s status and can assist partners to identify areas of strength and weakness. However, they do not provide a process for qualitative reflection for the improvement of practice (Joss and Keleher, 2011) particularly in frontline service delivery which is considered important. Joss and Keleher argue that utilization of partnership self-assessment tools are not a ‘one-size fits all’ resource, do not provide impact evaluation data nor consider the contextual and holistic nature of complex partnerships (Joss and Keleher, 2011). Furthermore, such tools generally assume that relationships exist between monolithic organizations rather than the individuals within them and ignore the importance of intra-organizational as well as inter-organizational relationships.

Building on the differences that occur within organizational relationships, Burnett and Appleton recognize two tiers of organizational operation: strategic management (referred to in this paper as program development) and core practice (referred to as program delivery) (Burnett and Appleton, 2004). Strategic management is the responsibility of leadership and managerial personnel in organizations and involves the tasks of establishing and maintaining partnerships, including through the allocation of resources. Core practice refers to frontline roles of service delivery within organizations where partnerships may involve adjustments or adaptation in the routines of day-to-day work. In implementing complex interventions, such as Ucan2, partnerships may need to be established and sustained at both levels, and assessing the ways in which strategic management goals are incorporated into core practices is particularly important in process evaluations of inter-agency partnerships. However, these tiers of organizational management are not commonly acknowledged when evaluating inter-agency organizational partnerships. Furthermore, longitudinal process evaluation data provided by this kind of partnership evaluation are lacking from the evidence-base. This paper provides a contribution to address this gap in the partnership evaluation literature. The following section reports the methodology developed for the Ucan2 partnership evaluation which incorporated features of each of these conceptual and evaluation frameworks.

**METHOD FOR UCAN2 PARTNERSHIP EVALUATION**

For this evaluation, we built upon Brinkerhoff’s evaluation framework. We conducted a longitudinal mixed method partnership evaluation with three methodological components. These included: (i)
an organizational ethnographic approach; (ii) partnership checklist surveys; and (iii) semi-structured interviews. Ethics approval for the research was obtained from the University of Melbourne Human Research Ethics Committee.

**Organizational ethnography**

Ethnography is not so much a method of data collection, but a style of research that seeks to understand the social meanings in social settings by being embedded in the environment to be explored (Brewer, 2000). Members of the research team (E.R. and K.B.) were partially based at the offices of the lead organization for the 2.5 years of the evaluation. This approach helped to build rapport with program staff and provided opportunities for observing, listening and asking questions to gain insights into the everyday operation of the program and partner organizations (Hammersley and Atkinson, 2007). E.R. and K.B. were observers at partnership meetings, staff meetings and in Ucan2 student classes. Detailed field notes were kept from these observations and program and partnership documents were reviewed. Bi-yearly reports were provided to, and discussed with, partners enabling interim findings to inform ongoing program and partnership development.

**Partnership checklist**

The **Partnership checklist** from the *VicHealth Partnerships Analysis Tool* was used to assess partnership functionality. This tool had the advantages of being contextually relevant, could be conducted by an external evaluator, involved minimal response burden and offered confidentiality of participation (and non-participation). The checklist comprises seven domains: (i) determining the need for the partnership; (ii) choosing partners; (iii) making sure partnerships work; (iv) planning collaborative action; (v) implementing collaborative action; (vi) minimizing the barriers to partnership; and (vii) reflecting on and continuing the partnership. The checklist generates quantitative scores of partnership functioning across these domains.

The checklist was completed at two points in time—at baseline in 2008 and after 18 months in 2010. All staff across the three partner organizations whose work was associated with Ucan2 were invited to complete this activity. Each participant completed a separate checklist for their relationship with each of the other partner organizations. To ensure confidentiality within their workplaces, participants posted their completed checklists to the researchers; this was conducted before the interviews took place. Scores are categorized into three bands indicating the degree of partnership functionality as follows:

(i) The whole idea of a partnership should be rigorously questioned (0–49).
(ii) The partnership is moving in the right direction but it will need more attention if it is going to be really successful (50–91).
(iii) A partnership based on genuine collaboration has been established. The challenge is to maintain its impetus and build on the current success (92–140).

An important feature of the *VicHealth Partnerships Analysis Tool* is that it is theoretically informed by the *Partnership Continuum*, which discriminates between degrees of cooperative efforts in partnerships (Figure 1). At the start of the evaluation, it was not clear to the evaluators (nor to the partner members) at which level the Ucan2 partnership operated.

**Semi-structured interviews**

Participants completing the checklist were invited to participate in semi-structured interviews. A snowball sampling method was used to identify other potential interview participants associated with the partnership. The checklist results highlighted areas of the partnership to be explored in the interviews. The interviews explored participants’ views on the purpose of the partnership, their roles in it, the strengths, challenges and sustainability of current partnership arrangements and suggestions for improvements. Interviews were conducted at baseline and 18-month follow-up. Interviews were audio-recorded and transcribed and participants were given an opportunity to review their transcripts.

**Data analysis**

Data from the ethnographic approach comprised detailed field notes of all meetings and observations over the 2.5 years. This information was drawn upon to monitor partnership activities continuously and assisted with interpreting the results and developing *a priori* themes.

The checklist data were analyzed as per the instructions in the *VicHealth Partnerships*
Analysis Tool. Statistics were calculated using Stata 11 (Statacorp).

Partnership mapping techniques were used to analyze the strength of relationships between partners, an activity from the VicHealth Partnerships Analysis Tool. The aim was to represent the strength or level of partnership between the partner organizations as defined by the Partnership Continuum. A map was generated using the combined findings from the ethnographic observations, partnership checklists and interviews.

The interview transcripts were analyzed thematically. This involved: immersion in the data (E.R. listened to the audio-recordings and read the transcripts several times as well as keeping a journal of field notes), coding of the transcripts (E.R. completed this), categorizing the codes and the generation of themes (Braun and Clarke, 2006; Green et al., 2007). Given the ethnographic approach, a priori themes had been identified and the coding and categorizing allowed for additional themes to emerge. The software package (NVivo, QSR International, 2010) was used to store and manage the data.

RESULTS

Findings from the partnership checklist

Fifteen program personnel across the three partner organizations completed the checklist at baseline, and follow-up data were obtained from 16 personnel (Table 1). Eight participants provided data for both rounds of data collection. The sample is larger for the interviews at follow-up due to the expansion of the program and snowball sampling. At baseline, 100% of those invited to complete checklists returned them, at follow-up three people did not return their surveys.

Scores were generated for each of the partnerships between organizations. The aggregate partnership score was in the middle scoring category (50–91) and remained in the same category at follow-up. A t-test of partnership scores at baseline and follow-up did not detect a statistical difference between the two time periods (mean difference $-1.2$, 95% CI $-6.640$, $p = 0.55$).

Separate scores were also calculated for personnel working in program development or program delivery roles. Roles were usually exclusive; however, two staff were active in both delivery and development roles and were included in the delivery group for analysis as this role occupied most of their time. Using this role distinction, scores revealed notable differences between the two groups, with scores for program development personnel in the highest band of results (92–140) and scores for the program delivery personnel remaining in the middle scoring band (50–91). At follow-up, scores for personnel in program development roles and program delivery were both in the middle scoring band (50–91). The notable differences in this data were further explored in the interviews.

Mapping the partnership

The interpretation of the ethnographic, checklist and interview data were used to map the Ucan2 partnership (Figure 2). This presentation of the data displays variations in the levels of partnership achieved within the partner organizations.

In Figure 2, the lead organization is Organization A. Using the Partnership Continuum definitions, the map illustrates that the relationships between delivery and development teams within each of the three organizations operate at different levels. The development and delivery teams in organization A work at a ‘collaborative’ level; in organization B at a ‘cooperative’ level; while in Organization C they are operating at ‘coordination’ level. Organization C is a large corporate organization spread over numerous sites, where personnel involved in program delivery roles do not regularly interact with personnel in management roles. However, the inter-organizational partnership between personnel working in program delivery roles can be characterized as ‘collaborative’. By way of contrast, the inter-organizational relationships between personnel in development roles are characterized as

Table 1: Data collection time points at baseline and follow-up

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<tr>
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<th>Baseline</th>
<th>Follow-up</th>
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<tbody>
<tr>
<td>Checklist</td>
<td>$n = 15$</td>
<td>$n = 12$</td>
</tr>
<tr>
<td>Program delivery: 9</td>
<td>Program delivery: 6</td>
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<tr>
<td>Program development: 6</td>
<td>Program development: 6</td>
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<tr>
<td>Interview</td>
<td>$n = 15$</td>
<td>$n = 29$</td>
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<tr>
<td>Program delivery: 8</td>
<td>Program delivery: 16</td>
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<td>Program development: 7</td>
<td>Program development: 13</td>
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‘cooperation’. In one of the organizations, there were personnel whose work involved both development and delivery roles and they appeared to be pivotal in ensuring effective intra-organization communication channels. These personnel are represented as areas of program development and delivery that overlap. These differences in partnership levels are illustrated in the next section reporting the qualitative findings.

Findings from the interviews
Fifteen staff participated in the interviews at baseline and 29 at follow-up. The analysis and the reporting of the data focus on two key issues: (i) the success of the Ucan2 partnership in fostering collaboration; and (ii) the identification of enabling factors and challenges of working together and how the challenges were addressed.

Service cooperation and integration
One of the most significant innovations of the Ucan2 partnership was the joint-facilitation between the three agencies to deliver the Ucan2 program in English language classrooms. Baseline data indicated that although satisfactory relationships had been developed for those working in program delivery roles, there were several tensions and areas for improvement. The follow-up interviews with Ucan2 staff demonstrated that productive and effective collaborative relationships had formed over time between members of the program delivery groups. Some staff, particularly teachers, reported that the extra time and effort required for partnership activities was well worth it. Teachers learnt new approaches from their partnership colleagues, supporting them to better assist refugee students. Frontline staff faced considerable challenges in their attempts to help Ucan2 students deal with complex issues associated with the early years of resettlement. In two of the partner organizations, program delivery staff felt supported by their own organizational processes for de-briefing. However, in one agency, staff reported that they relied on their program delivery colleagues from other organizations for support. One person reported:

People who understand the students as well as you do and you can work together to formulate a solution to a problem rather than just guessing. It’s really nice to have that support because sometimes there’s not that support within the organisation, you can find people you single out to talk to but there’s nothing that is institutionalised in dealing with emotional issues that need to be resolved (Program Delivery).
Overall, there was clear evidence that the integrated partnership approach resulted in mutual capacity building over time and in some cases provided valued peer support. The identified barriers and enabling factors supporting partnership processes are reported in the next section.

Enabling factors and challenges for collaboration. All partner members, at both levels, were committed to the partnership and reported that the program would not be able to run, or at least not as effectively, without the resources and expertise of all partners. Developing effective communication channels within and between agencies was identified as a key challenge by the delivery staff. Generally, these participants lacked clarity about the roles and responsibilities of staff in other organizations, and new staff struggled more than long-term staff. This is to be expected but nonetheless can present difficulties in negotiating coordinated roles in the newly integrated setting of the classroom. This led to several staff struggling to balance their roles in their organizations as well as their roles in the partnership and how to negotiate new responsibilities with colleagues working in different organizations.

Characteristics of program development roles meant that fewer difficulties in establishing and sustaining partnership relations were experienced at that level. Management roles encompass more scope for flexibility, more autonomy and provide leeway to think broadly and enable a long-term perspective. Most staff in these roles had long-standing relationships with each other and were already familiar with the different organizational contexts and interpersonal styles as they had worked together previously on other initiatives. Confidence and trust were evident in their relationships, which corresponded with a belief in their ability to achieve shared objectives. This familiarity may have contributed to limited attention being paid to communicating partnership and program aims and objectives through vertical channels within organizations. These risks are amplified in large organizations and where program delivery staff are geographically dispersed across sites with little interaction with personnel working in other tiers in their organization. Furthermore, personnel in these development roles are likely to have greater expertise, skills and experience which gave them confidence in managing the partnership relationships.

In contrast to program development personnel, program delivery staff were less likely to have experience working in collaborative partnerships and wanted more guidance on how to go about it. In particular, the checklist results revealed that personnel in delivery roles expressed less satisfaction with decision-making processes. Interview data revealed a desire for enhanced processes of information sharing both vertically within organizations, and horizontally between organizations. Program delivery staff expressed uncertainty about how to provide feedback into partnership decision-making processes and whether or not their input was welcome. Partner organizations had very different management structures, which had implications for the ways in which roles were structured and information shared. Ethnographic data verified that perceptions of a need for greater communication about decision-making processes and dissemination of those decisions was frustrating for some staff. One staff member explained

Making sure that decisions that are made at that level get filtered down to the ground so they actually happen. And that everyone within the organisations is aware of the decisions being made at that higher level (Program Delivery).

These baseline results were reported to the partners via progress reports and further discussions. Recommendations to improve this issue included both verbal communication and sharing of documentation such as meeting minutes. This meant someone would have to take on this role for each meeting to take notes and disseminate them. Provision of this feedback to partner members initiated a rapid response to develop a partnership governance and communication structure. To resolve this (and other identified issues), a 2-day workshop was held in which development and delivery staff worked together with the aid of an external facilitator to develop a comprehensive governance structure—outlining agency roles and responsibilities. Delivery staff reported at follow-up that this workshop created a ‘dramatic’ shift in the partnership. This was a ‘turning point’, which produced a shared vision for the partnership, providing clarity, structure and guidance for program delivery staff. It also provided an opportunity to understand partner organizational needs and structures better. The governance structure also gave delivery staff the confidence to make decisions and ‘act together’ rather than
waiting for others in development roles to make decisions and inform them.

By investigating the two tiers of roles separately, we were able to provide specific evidence in our baseline progress report to partner members of where support was required in order for them to take action. It was evident in both ethnographic and follow-up data collection that the partnership revisions were accepted by staff and ultimately improved partnership processes. A key revision included the establishment of case-coordination meetings whereby the program delivery team met fortnightly to identify possibilities for students identified with settlement issues. This allowed sharing of contact information for relevant services and resources, as well as time to reflect on the previous classes and plan for the forthcoming classes.

Trust and respect between staff, and especially across organizations and for program delivery staff, grew over time, and these effects were most marked the longer staff had been involved with the project. This is a powerful endorsement of the effect of the partnership. Recognition and mobilization of each other’s strengths, expertise and experiences to contribute to the enhancement and refinement of Ucan2 was evident in the ethnographic data and supported in the interviews. On the other hand, staff turnover undermined trust. Developing trust takes time; particularly when there is such a demand for close working relationships and sharing of resources—as required by a collaborative partnership. Establishing an on-site induction session at the start of each semester for the delivery groups was a suggested way of getting to know each other prior to entering the classroom for the first time. Particularly, if new staff members were joining the team it would provide them an opportunity to introduce the Ucan2 program, revisit the partnership vision, and aim for the project, learn about each other’s organization and skills and plan how they will work together. This would also allow staff to consider contextual differences at each Ucan2 site that impacted on program implementation. The demands of a ‘collaborative’ level of partnership necessitate relationships to be built with one another to enable a cohesive team—rather than a feeling of being ‘thrown into the deep end’ together with little structure on how to achieve a fully integrated approach.

A much greater understanding of the complexity and challenges involved in working in an inter-agency partnership was evident at follow-up. As one staff member reflected:

Regardless of how much you like each other, all organizations have got their own challenges and priorities and they’re all good at different things and they all have pressures around funding. Not every agency is actually at the same level so you’ve got to balance all of that stuff off and you’ve got to give and take without compromising the underpinning principles and values and you’ve got to be able to have enough humility in the process to be okay about not having all the answers (...) but at the end of the day it takes people to do it and the strength of their relationships and collaboration is the principle (Program Development).

Interpersonal skills are an important element of working together effectively. There was a strong sense that in an innovative program being delivered by such a complex partnership, flexibility, openness, honesty and understanding of each other’s organizational constraints was required. It was evident that some staff (both delivery and development) wanted a ‘structured’ program that was implemented in the same format across Ucan2 sites. However, some staff preferred a flexible approach so they could respond to new opportunities at various sites. Support from management to provide time to reflect on program structure, within and across all organizations was critical for working together. It was evident that over time some staff gained confidence and developed greater collaborative skills in negotiation, conflict resolution, leadership and how best to utilize the expertise of others.

Overall, differentiating between the two tiers of staff enabled us to identify the need for enhanced communication processes to support those working collaboratively in delivery roles and practical ways in which this could be achieved. These differences do not imply that the relationships between personnel working in development roles were deficient. Rather they reflect different requirements from those of delivery staff. Partnerships need to determine the appropriate levels of engagement in light of the partnership aims. Mapping the partnership with attention to differing levels of engagement within and between organizations and according to differing roles provides partnership members with a tool for considering how to optimize the potential for collaboration and achieve partnership objectives—in this case to improve settlement outcomes for young refugee people.
DISCUSSION

This evaluation provided insights for conceptualizing and monitoring change in a complex inter-agency partnership. The approach allowed the evaluation to be an action-oriented enterprise to generate useful and timely findings for the organizations. The VicHealth Partnership Continuum was useful in understanding and documenting the proximity of working relationships within the Ucan2 partnership. Furthermore, conceptualizing the roles within the partnership as development and delivery assisted in developing a more nuanced understanding of differing demands and communication structures and where support for staff was required. The complementary data sets provided a comprehensive perspective of the partnership processes and therefore a deeper understanding of the operational issues. The key findings reported here identified that the Ucan2 partnership enabled different service providers to work collaboratively to implement the Ucan2 program. The results also shed light on the particular features that enabled the partnership to work, where there were challenges for staff and how these were resolved.

Although the combined results of the checklist data did not change over time, the interview data captured a qualitative shift in the functioning of the partnership. This shift was also documented during the ethnographic approach, where we witnessed substantial change over time in the working relationships between staff and organizations. This embedded approach also alerted us to the need for deeper analysis of the checklist results. It was only when the scores were differentiated according to development and delivery roles that important differences were revealed. The ‘dual staff’ with roles in both program delivery and development were situated in interesting positions having engagement with all staff. As there were only two people in this situation, from the same organization, we did not analyze their quantitative data separately. Future evaluations should consider the roles of such personnel more explicitly, particularly investigating their potential to influence change within partnerships—for example, as partnership brokers. Partnership brokers are not a new concept (Patton, 1986), but rarely are resources invested to provide this role in the development of partnerships. In the case of these dual-role staff their potential to act as mediators or facilitators in partnership processes lies in their capacity to engage with partners across the different tiers within organizations.

Attention needs to be paid to the distinctive challenges of establishing and sustaining partnerships at the different tiers within organizations and in particular the challenges in large organizations. Not surprisingly, the smaller organizations appeared to encounter fewer difficulties with intra-organizational communication, which was also enhanced by having personnel who worked across both the development and delivery arenas. Co-delivery of an inter-sectoral program also entails meeting the assorted expectations of managers, and challenges in finding common concepts and workplace language. Achieving this requires negotiation and time but is important for partnership cohesion and moving the partnership forward.

Overall, in the Ucan2 partnership the need to reformulate work practices was less for those in development roles than for those involved in program delivery. Program development personnel were also likely to have greater understanding of the long-term vision for the partnership and increased command over its operation. Moreover, their historical relationships may have obviated some of the tensions experienced by delivery staff in their day-to-day work. These senior staff focused on the broader value of working collaboratively for long-term benefits for their organizations and sectors. Distinguishing between program development and delivery roles appears to be critical for identifying and addressing the particular pressures and tensions that personnel experience in their efforts to implement and sustain important partnership relationships. The Ucan2 project required aspects of current roles for delivery staff to be dissolved into common and co-operative efforts altering usual employment practices. These roles tended to have high demands and lower influence, this is where strains can manifest, but tensions and challenges can be resolved through adequate resourcing and effective communication paths supported by clear and agreed governance structures.

Teel refers to a ‘goodness of fit’ reporting that educational innovations have unique characteristics and a ‘good fit’ among partners is essential for success (Teel et al., 2011). Our findings confirmed that the Ucan2 partner agencies identified this ‘partnership synergy’ (Lasker et al., 2001) in the commitment to consolidating agreed objectives and a governance structure for the partnership—that also met the agendas of their own...
agencies. The recognition that each partner had an important role, and that the program would not be able to reach desired outcomes without each partner, affirmed this synergistic effect—a goodness of fit.

With this in mind, it is important to note that a successful partnership is more than simply having the right partners and enough resources. Not only are practices such as taking and sharing minutes important components of working in collaboration, a particular skill set is required. Given that there is now more demand to work in partnership than ever before, consideration must be given to the skills or collaborative competencies required in order to successfully develop and implement partnerships (Joss, 2010). The most effective way of training a multidisciplinary, multi-sector workforce remains unknown.

Trust was a key theme arising in the interviews and has been identified in the international literature as a key component of effective partnerships (Calnan and Rowe, 2008; Lester et al., 2008). As personnel got to know each other, trusting relationships were developed and in turn enhanced a smoother delivery of the Ucan2 program. In fact, staff in delivery roles relied on each other for support and noted the value of working with other organizations for their own professional development. It is important not to underestimate the value of informal, social activities outside the workplace that can assist with staff getting to know each other—as a strategy for building trust. Mutual respect between partner members was also identified as an important characteristic for successful partner relations. Much of the research regarding respect in the workplace has been conducted in the nursing field and between employers and employees rather than external partners. However, a study in Ontario reported that a lack of open communication and information sharing led to reduced trust between management and staff which was linked to perceived feelings of a lack of respect (Laschinger and Finegan, 2005). Furthermore, other researchers have identified power and control as key issues for consideration in partnership working (Arnstein, 1969; Asthana et al., 2002; Alexander et al., 2003). Despite this, these issues were not identified in our data. While some delivery personnel may have felt powerless to participate in decision-making, this was more to do with a lack of suitable communication channels than notions of powerful people/organizations wanting to have control. Improved communication via agreed governance structures enabled feelings of trust and respect to be fostered.

The importance of ‘multi-directional’ communication channels was demonstrated. The practical challenges of working in partnership ‘on the ground’ may be heightened by the difficulties in establishing open multi-directional communication channels. This is similar to Teel’s findings in a partnership evaluation in the USA emphasizing that effective communication is required to build and sustain relationships and to promote adoption of innovations (Teel et al., 2011). Rogers also recognizes this and reports that communication is fundamental to the successful adoption of an innovation—such as a new program like Ucan2 (Rogers, 2003). The need for flexibility for successful delivery meant that communication pathways must remain open as staff respond and adapt to new program developments and test new opportunities.

While there is some evidence that partnerships are an effective way for organizations working together to address complex social problems (Burnett and Appleton, 2004), there is often scarce funding available to support partnership work and even more rarely for its evaluation (Provan, 2001; Smith et al., 2009). There is substantial evidence from the literature demonstrating that the use of a theoretical framework for program planning and evaluation improves the chances of success in achieving pre-determined objectives (Nutbeam and Harris, 2004; Davies and Macdowall, 2006). Often partnerships are developed and implemented without overt reference to a theoretical framework, although this is increasingly shifting (Murray and James, 2012; Laperrière et al., 2012; Rollison et al., 2012). Internationally, this field of work has expanded, though mostly in the management field rather than in the health promotion literature. One example of a theoretical framework for partnership is the ‘single alliance key success model’ (Murray and James, 2012; Murray et al., 2011). This has three major governance components: equity-based (partners share equity); contractual (partners have clearly established rights, obligations and outcomes); and/or relational (the partnership is based on the goodwill, trust and reputation of each institution) (Kale and Singh, 2009). Although the third of these was demonstrated in the Ucan2 partnership, it would be difficult to articulate whether all partner members—delivery and development would agree the first and second were clearly evident.
Canadian researchers have adopted a socio-political framework to evaluate large-scale partnerships (Laperrière et al., 2012). These authors used a participatory approach to evaluation and reported that this was necessary for partner members to engage effectively in the evaluation research in order to have buy-in and make use of the findings. In the Ucan2 evaluation, an organizational ethnographic approach was primarily used, it did involve participatory elements in relation to development of a theoretical framework, evaluation design and application of findings. This approach proved to be invaluable and necessary for fully identifying the issues and tensions, and importantly, establishing rapport with all staff to ensure the evaluation findings were relevant and useful. It provided insights into the ways that staff were cooperating which instigated a deeper analysis of the subsequent data, providing relevant and useful information for partner members to act on.

A limitation of the available partnership evaluation tools is that they capture participants’ thoughts at one point in time. Several interviewees commented that by the time of their interview, their views had changed since completing the checklist and that if asked again they would answer differently. This may reflect the evolving nature of the partnerships and relationships entailed within them, as well as a tendency to react to recent events. It is possible that participating in the evaluation process could have influenced personnel to view their roles and relationships from new angles. It should also be noted that small sample sizes for this study limits the conclusions that can be drawn from the quantitative data yielded by the checklists. However, the participants and partner organizations were keen to draw on the findings and to understand the significance of the distinctions between different types of partnerships in an effort to address the challenges that were being experienced among program delivery staff and use this understanding to revise partnership processes.

**CONCLUSION**

Complex and collaborative initiatives are being widely implemented to provide integrated and coordinated inter-agency responses to address health and social inequalities. In order to identify areas for partnership improvement, challenges for their evaluation must be addressed. In this paper, we demonstrate the usefulness of applying multiple methods in a longitudinal research setting.

Our approach highlighted that there need to be consideration and attention paid to supporting staff operating at different partnership levels. Importantly, staff required to work at collaborative level need time to get to know each other and develop ways of working together. The role of dual-delivery and development personnel appears important for achieving cooperation at different partnership levels. These potential partnership broker roles should be investigated in further partnership evaluation endeavors. Given the increasing demands of integrated multi-organizational partnerships to address complex problems, resources must be allocated to develop and nurture partnership relations and to develop shared partnership processes. This is critical for supporting long-term, sustainable partnership work to achieve desired outcomes.

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