

# IEPCP Partnership Evaluation 2016

## PARTNERSHIP ASSESSMENT SURVEY

### SUMMARY OF FINDINGS

#### WHAT ARE WE DOING WELL?

- The IEPCP has delivered strong benefits for partners across all categories of engagement, particularly: providing networking opportunities, resources and information; coordinating collaborative action or partnership development, and providing a platform for collaborative activity or research.
- Eighty percent of respondents felt that benefits of partnership either greatly exceed, or exceed, drawbacks.
- The IEPCP rated well for leadership across all areas, especially: taking responsibility for the partnership; and fostering respect, trust, inclusiveness and openness in the partnership.
- Nearly all respondents were comfortable with the way decisions are made and feel included in the decision-making process 'all' or 'most' of the time.
- A number of respondents took the opportunity to reflect in a positive way on the work of the IEPCP and the work that we do in partnership.

#### WHERE DO WE NEED TO IMPROVE?

- The IEPCP could deliver stronger benefits for partners in: helping to facilitate partners to gain funding or other in-kind support for projects and activities.
- IEPCP could find ways to reduce frustration and aggravation among partners
- The IEPCP could improve leadership by: helping the partnership be creative and look at things differently; and recruiting diverse people and organisations into the partnership.

#### QUALITATIVE FEEDBACK INCLUDED THE FOLLOWING THEMES FOR DISCUSSION:

1. PCP should understand the sectors and resources that partners bring and how they may be restricted in their ability to act.
2. The PCP should be facilitators rather than leaders.
3. Staff turnover has been an issue.
4. The IEPCP could communicate better the decision-making process and PCP strategies and objectives?

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### WHO DID WE SURVEY?

An invitation to participate in the 2016 Partnership Assessment Survey was sent to 75 individuals from 29 partner organisations on February 18. The Survey was closed on March 29.

The Partnership Assessment Survey was designed to be only one part of an ongoing broader evaluation of IEPCP activity. The evaluation will include forum and training evaluations, the Practitioners Network survey, Service Coordination survey results, and purposeful evaluations from the TFER strategy, the food access group and the Alcohol Flagship group in order to capture responses from the range of work and partners that the PCP are engaging.

A targeted partnership group was compiled. Starting with the IEPCP membership list we:

- Included other individuals and organisations outside the membership list with whom staff members were actively engaged during the previous 12 months;
- Excluded individuals and organisations who had had no or little contact with IEPCP staff, or who were unengaged with PCP activity;
- Excluded individuals and organisations that were being targeted for other more focused evaluation (in order to minimise the survey burden for these groups). Some groups are therefore underrepresented in this 2016 Partnership Assessment Survey, particularly the Integrated Care and Practitioners Network groups.

### RESPONDENTS

Of the 75 individuals who were sent the Survey Monkey link, 30 people commenced the questionnaire, and 20 fully completed the survey (26.67% completion rate). In previous years response rates have been: 2010-2011 – 42.4% (125 individuals invited to participate, 53 completed), 2011-12 – 21.25% (160 individuals invited to participate, 34 completed).

The major differences between the 2016 survey and previous versions are:

- Far fewer individuals targeted due to the curated mailing list
- Far higher percentage of Executive manager response (half of the 20 respondents who completed the 2016 survey described themselves as Executive managers).

As in previous surveys, representatives from community health and local government made up the greater percentage of respondents (with 6/20 respondents each).

Most respondents were working with the IEPCP on Together for Equality and Respect (65%), the Food Think Tank (50%), and Chasing the Luck (40%).

*These results are representative of the revised mailing list and do not reflect diverse levels of employment, nor do they reflect the diversity of PCP partners or areas of work. They are the views of 20 individuals that the PCP was engaging with over 2015.*

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### THE BENEFITS OF PARTNERSHIP

**Question 3 of the survey addressed the themes of Tony McBride's consultation** with PCP members in 2013-14. The questions were based on the original New York Tool for partnership evaluation, and edited to specifically identify the areas for improvement found during the consultations. By editing the original tool in this way, we hoped to assess the extent to which we had addressed some of the concerns or shortcomings that had been identified. (See **Appendix**)

It was clear from the results that the IEPCP has delivered strong benefits for partners across the spectrum of categories identified by the McBride consultation.

The categories which delivered the **strongest positive responses** were:

1. Acquisition of useful knowledge about primary health services, programs or people in your community, that is, has the IEPCP provided networking opportunities, resources and information that benefits your organisation? (80% or 16 respondents finding a benefit)
2. Development of valuable relationships across sectors: that is, have you or your organisation benefitted from IEPCP coordination of collaborative action or partnership development? (80% or 16 respondents finding a benefit)
3. Ability to have a greater impact than I could have on my own; that is, has the IEPCP provided a platform for collaborative activity or research? (70% or 14 respondents finding a benefit).

The category which delivered the **strongest negative response** was: Acquisition of additional financial or non-financial support, that is, has the IEPCP helped to facilitate you to gain funding or other in-kind support for projects and activities? (55% or 11 respondents finding no benefit). However, 35% or 7 respondents did find a benefit from this category of PCP work.

Examples given by respondents of some **work in which they have benefitted from partnership** with the IEPCP were:

- Health pathways (4 responses)
- Food security/Food Think Tank (3 responses)
- TFER/PVAW (3 responses)
- Population Health Planning (3 responses)

We also asked respondents **what was unique about the IEPCP** which adds value to the work of the partnership. Examples included:

- Is a non-partisan or neutral partner
- Connects LGAs, and brings stakeholders together
- PCP role in capacity building
- Relationships and networking between clinical and social services

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- DHHS recognition
- Skills and expertise

**“IEPCP brings key stakeholders together to facilitate collaboration that can result in collective impact across the inner EMR”**

(Middle manager, Community Health)

**“I find the PCP EO and staff I work with are really clear about the capacity building role of the PCP and the ways they can support & strengthen organisations and collaborative effort”**

(Executive manager, Community Health)

### THE CHALLENGES OF PARTNERSHIP

Challenges to participation are:

- Diversion of time and resources away from other priorities or obligations
- Insufficient influence in partnership activities
- Being viewed negatively due to association with the partnership

Frustration or aggravation

- Insufficient credit being given for contributing to the achievements of the partnership
- Conflict between my ‘normal’ job and the partnership’s work

In each category of challenge, few respondents found drawbacks. The greatest drawbacks were ‘frustration or aggravation’ (45% or 9 respondents), though 10 respondents found that frustration or aggravation was **not** a drawback to participation; and ‘Diversion of time and resources’ (35% or 7 respondents), though 12 respondents found that it was **not** a drawback.

**Eighty percent of respondents felt that benefits either greatly exceed, or exceed, drawbacks.** This is a greater percentage than the 2011-12 survey (75.7%).

Only 10% of respondents felt that the drawbacks exceeded the benefits of partnership. This is also a greater percentage than the 2011-12 survey (0%), though less than the 2010-11 survey (17.3%).

### HOW CAN IEPCP BETTER SUPPORT PARTNER’S WORK?

**Emerging themes** from this section of the survey are:

- To better focus on, and engage expertise already existing within the partnerships
- To take more of a facilitation and support role, rather than a leadership role
- To continue to work in areas which have been positively valued by partners, such as Health Pathways.

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**“Rebecca has been exceptional in dealing with the members of the Food Think Tank group...”**

(Project worker, Local Government)

**“Am very happy with the level of current support”**

(Executive manager, Community Health)

### LEADERSHIP

In general, IEPCP rated well for leadership across all areas. The areas in which the IEPCP show particularly strong leadership are:

- Taking responsibility for the partnership: 18 (90%) respondents rating IEPCP good, v. good and excellent;
- Fostering respect, trust, inclusiveness and openness in the partnership: 15 (75%) respondents rating IEPCP good, v. good and excellent;

Key areas for improvement are:

- Helping the partnership be creative and look at things differently
- Recruiting diverse people and organisations into the partnership

### DECISION MAKING

Nearly all respondents were comfortable with the way decisions are made in the partnership, and support most partnership decisions.

Most respondents felt they were included in the decision-making process ‘all’ or ‘most’ of the time.

Respondents felt that the decision-making process could be improved in a number of ways, and the **following themes** emerged:

- The PCP should support opinions of the partners, rather than drive them
- The PCP should understand that their partners have varying degrees of ability to act and plan.

### SATISFACTION WITH PARTICIPATION

Most respondents indicated that they were ‘mostly satisfied’ with the five aspects of the partnership that we investigated. The ‘way the people and organisations in the partnership work together’ was most highly rated (60% of respondents (12) ‘completely’ or ‘mostly’ satisfied).

Respondents had an opportunity to comment freely on any aspect of the partnership. Six of the respondents chose to answer.

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Positive statements included:

- “The behaviour of some members of the group was not satisfactory but was dealt with very well by the IEPCP in a way that did not delay progress or impact the functioning of the group” (Project worker, Local Government)
- “I’ve seen great improvement in clarity of purpose and good process in past couple of years. Congrats to EO and the team” (Executive manager, Community Health)

Criticisms included:

- “I think that the PCP has too much staff turnover. The focus areas have changed and I’m not really sure what they are anymore...” (Executive manager, Community Health)
- “The IEPCP is well-intentioned, but it appears to continually reinvent the wheel when new staff are employed, which is frustrating for stakeholders. It would be good if it could focus on one or two key projects of value to all the LGs, with a methodology that all partners are comfortable with” (Senior Manager, Local Government)

### REFLECTION

These results are not reflective of the diversity of PCP partners or areas of work, and are the views of 20 individuals that the PCP was engaging with over 2015. The Partnership Assessment Survey was designed to be only one part of an ongoing broader evaluation of IEPCP activity. The evaluation will include forum and training evaluations, the Practitioners Network survey, Service Coordination survey results, and purposeful evaluations from the TFER strategy, the food access group and the Alcohol Flagship group in order to capture responses from the range of work and partners that the PCP are engaging.

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### APPENDIX

#### THE BENEFITS OF PARTNERSHIP

**Qu: 3 As a result of participating in the partnership, have you experienced any of the following BENEFITS?**

|  | Yes       | No        | Unsure   |
|--|-----------|-----------|----------|
| Enhanced ability to address important issues: that is, have you or your organisation benefitted from IEPCP knowledge of process, systems perspective, or strategic approaches to your work?                                  | 55%<br>11 | 15%<br>3  | 30%<br>6 |
| Development of new skills: that is, has the IEPCP provided access to training, information, or resources?  | 45%<br>9  | 35%<br>7  | 20%<br>4 |
| Heightened public profile: that is, has the IEPCP used their networks and communication tools to disseminate information about the services and activities your organisation offers?   | 60%<br>12 | 25%<br>5  | 15%<br>3 |
| Increased utilisation of your expertise or services: that is, has the IEPCP provided a platform or advocacy or campaigns undertaken by your organisation?  | 45%<br>9  | 30%<br>6  | 25%<br>5 |
| Acquisition of useful knowledge about primary health services, programs or people in your community: that is, has the IEPCP provided networking opportunities, resources and information that benefit your organisation?     | 80%<br>16 | 10%<br>2  | 10%<br>2 |
| Enhanced ability to affect health or public policy: that is, has the IEPCP provided expert knowledge, resource provision, and evaluation support that has helped to develop an evidence base for public health intervention? | 45%<br>9  | 30%<br>6  | 25%<br>5 |
| Development of valuable relationships across sectors: that is, have you or your organisation benefitted from IEPCP coordination of collaborative action or partnership development?  | 80%<br>16 | 5%<br>1   | 15%<br>3 |
| Enhanced ability to meet the needs of my organisation, staff or clients: that is, has the IEPCP helped with capacity building for people in your organisation?   | 40%<br>8  | 40%<br>8  | 20%<br>4 |
| Ability to have a greater impact than I could have on my own: that is, has the IEPCP provided a platform for collaborative activity or research?   | 70%<br>14 | 10%<br>2  | 20%<br>4 |
| Ability to make a contribution to my community: that is, has the IEPCP helped to foster greater health promotion activity or coordinated care in the region?   | 55%<br>11 | 15%<br>3  | 30%<br>6 |
| Acquisition of additional financial or non-financial support: that is, has the IEPCP helped to facilitate you to gain funding or other in-kind support for projects and activities?  | 35%<br>7  | 55%<br>11 | 10%<br>2 |