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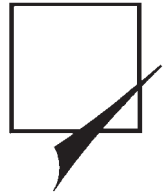
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# **Evaluating Partnership**

## *The Role of Formal Assessment Tools*

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Partnerships are increasingly seeking tools that enable stakeholders to reflect on their own effectiveness, benchmark the status of their partnership and provide a framework for development. Drawing on the evaluation of two Health Action Zones, this article focuses on the use of one such formal assessment tool, adapted from the Nuffield Partnership Assessment Tool and the Verona Benchmark, to explore the contribution of formal tools to our understanding of partnership. It outlines some key methodological limitations and stresses the continued importance of an understanding of context alongside any measurement of partnership effectiveness. It is suggested that formal assessment tools can be extremely valuable in terms of the learning that can result both from the *process* itself and from the *outcomes* of the assessment. However, as a stand-alone device they are open to misinterpretation and unlikely to foster development other than in those partnerships prepared to invest the necessary resources in a broad-based evaluation.

**KEYWORDS:** assessment tools; evaluation; Health Action Zones; measuring partnership

### **Introduction**

Partnership working is a central feature of New Labour's approach to social policy in the United Kingdom (Powell and Glendinning, 2002; Holtom, 2001; Hudson and Henwood, 2002). Nowhere is this more evident than in the series of area-based initiatives such as Health Action Zones (HAZs), Employment Zones, Education Action Zones, New Deal for Communities, Neighbourhood Renewal

and Sure Start. These programmes, focused on areas of high deprivation, are based on the ethos that problems connected to social exclusion and inequality require joined-up solutions (Amery, 2000; Painter and Clarence, 2001). They have thus served to place a considerable premium on partnership across the political agenda.

Moreover, these areas are intended to pilot ways of working that will become the norm for the country as a whole (see e.g. Powell and Moon, 2001), an expectation that has been fostered by the introduction of Local Strategic Partnerships (LSPs). Whilst accreditation has focused initially on the 88 deprived areas targeted for the local neighbourhood renewal strategy, LSPs are thus expected to develop across the country and play a key strategic role in:

- developing community strategies;
- bringing together and looking at ways to rationalize partnership and planning arrangements; and
- developing and delivering on local public service agreements (Department of the Environment, Transport and the Regions, 2001).

This pervasive political requirement for partnership has not yet been matched by a corresponding understanding at the local level regarding how to translate the rhetoric into effective practice (Clarke and Glendinning, 2002). One response to this shortfall has been the search for tools that enable stakeholders:

- to reflect on the effectiveness of their partnership;
- to describe or 'benchmark' its current status; and
- by focusing on identified strengths and weaknesses, to provide a developmental framework.

Experience constructing and implementing such a tool in conjunction with partnerships in two adjacent HAZs in South-West England suggests, however, that partnership assessment tools, particularly *self-assessment* tools, may not be able to perform all three functions with equal effectiveness. Ironically, it is the least satisfactory dimension, the ability to benchmark, that is often the most attractive to partnerships, rather than the more resource-intensive and time-consuming processes of reflection and development.

This article draws on the use of one such formal assessment tool, within the framework of a wider evaluation, to explore the contribution of such tools to our understanding of partnership. By focusing on the three key functions, it outlines some critical methodological limitations and stresses the continued importance of an understanding of context alongside any measurement of partnership effectiveness. It begins by outlining the situation in which the assessment tool was developed and administered.

## **Learning from Partnership within Health Action Zones**

HAZs were one of the first area-based initiatives to be established by New Labour (Bauld and Judge, 2002). They were intended to be 'trailblazers' for new ways of collaborative working between the National Health Service (NHS)

and other agencies in order to address long-standing health inequalities in deprived areas, deliver better services and involve communities. Their membership typically included representatives from the health sector (health authorities with a strategic planning and managerial role; primary care organizations, providing health and social care locally; acute trusts which manage hospitals; and residential care homes operating as independent businesses), together with local government, the voluntary sector, community groups and the private sector.

The need to work in partnership and the requirement to learn from this investment by adopting an evidence-based approach were central to the initiative (HAZnet, 2001) and the national evaluation team has reported widely on whether and how HAZs can build and sustain the collaborative capacity necessary for radical change (see e.g. Barnes and Sullivan, 2002; Sullivan et al., 2002). In the South-West of England both the Cornwall and Isles of Scilly (C&IoS) HAZ and the Plymouth HAZ commissioned an independent evaluation. The process of partnership working was similarly an important focus of this evaluation, with the aim of both increasing stakeholders' awareness as to the key components of partnership working and providing practical guidance as to the strategies that can be used to establish, strengthen and sustain local partnerships.

Core to this effort was the development and utilization of a model of partnership working and organizational development (Asthana et al., 2002). This both recognized the complexity of issues arising in partnership building and their qualitative character, and provided a means by which this complexity could be ordered and change measured.

As part of this broad-based approach, and in response to the partnerships' desire to quantify progress, a self-administered questionnaire, based on the Nuffield Institute for Health's Partnership Assessment Tool (PAT) (Hardy et al., 2000) and the World Health Organization's Verona Benchmark (World Health Organization/Health Education Board for Scotland, 2000), was used to collect information on the state of six key partnerships operating within the HAZs.

The focus of this article is the contribution of this assessment tool to our understanding of the process of partnership and our observations concerning the motivation for and use of these tools. The fact that the assessment tool was part of a wider evaluation framework is, however, significant, for it allows us to examine whether formal assessment tools can produce similar outcomes to those of more in-depth qualitative analysis. This is an important consideration given the growing availability of such tools for 'stand alone' investigation of partnership effectiveness. We start by outlining the origin, content and administration of the assessment tool used in C&IoS and Plymouth HAZs.

## **Methodology**

### ***Developing the Assessment Tool***

There is an evident need for information about the health of partnerships, including the identification of shortfalls and guidance as to strategies for development. Both the Nuffield PAT and the Verona Benchmark (now The

Working Partnership [Markwell et al., 2003]) are based on extensive empirical research (see also e.g. Hudson and Hardy, 2002; Hudson et al., 1999). This has served to define common obstacles to partnership working in the field of health and social care and to establish that 'partnership principles are generic', applying to 'different organisational levels and, indeed, to intra-organisational as well as inter-organisational partnership' (Hardy et al., 2000). Also both recognize that rapid partnership profiles, based on simple checklists that identify partnership strengths and weaknesses, need to be supported by an assessment team or be subject to more detailed debriefing if areas of concern are revealed. Their self-assessment partnership profiles, designed for completion by individual members of a partnership, are thus reinforced by recommendations for support from a senior assessment team or facilitator. Such analysis can explore partners' individual or sectoral concerns, together with any inconsistencies in response that represent different perceptions or experience of the partnership process. In this way both are designed primarily as developmental tools, providing a basis for 'identifying improvement' (World Health Organization/Health Education Board for Scotland, 2000).

Research in the two HAZs suggested neither tool captured exactly the dimensions of local partnership working. With the permission of the Nuffield Institute for Health, a variation on their PAT was thus piloted in Cornwall. Essentially, Nuffield recognizes six partnership *principles* as shown in Box 1 (Hudson and Hardy, 2002). Each principle is explored via six statements or *elements* and for each one respondents are asked to indicate the degree to which they feel their partnership has secured good practice.

This framework was supplemented (see Box 1) by a further three principles, identified as a result of consultations with local stakeholders and acknowledged to an extent in the Verona Benchmark (Watson et al., 2000). These were the need to:

*Box 1.* The Principles of Partnership

**Six key dimensions of partnership:**

(Nuffield Institute for Health: Partnership Assessment Tool [Hardy et al., 2000])

1. Recognize and accept the need for partnership
2. Develop clarity and realism of purpose
3. Ensure commitment and ownership
4. Develop and maintain trust
5. Create clear and robust partnership arrangements
6. Monitor, measure and learn

**Additional dimensions introduced as a result of the local evaluation:**

1. Nurture a partnership culture in individual partner organizations and groups
2. Involve all relevant stakeholders in a meaningful way
3. Develop effective communication

- involve all relevant stakeholders in a meaningful way;
- develop effective communication; and
- nurture a partnership culture in individual partner organizations and groups.

Following Nuffield, any partnership element where a respondent was in strong agreement was accorded a value of four, with scores decreasing across the spectrum such that an element where a respondent was in strong disagreement would be accorded the value one. In this way scores were generated that reflected the perceived health of the partnership with respect both to individual elements and the composite principles.

In a second departure from the two source frameworks the initial pilot also linked each individual *element* to a two-way probe designed to clarify and substantiate the reasoning behind the tick-box response. For example, respondents who agreed that their partnership understood the principal barriers to partnership working were asked to provide examples of the barriers they had identified. This prompted comments such as:

Mutual suspicion, exacerbated by parochialism in a remote community. Nervousness over loss of control of material and manpower resources.

Such probes proved illuminating and provided critical insights into how people arrived at their articulated position. Unfortunately, they also made what was already an expanded framework larger still and depressed response from particular types of partner (a dimension examined in more detail below). The final assessment tool thus included just one or two supplementary probes per *principle* designed to capture more qualitative information. For instance, drawing on the example of the first principle (recognize and accept the need for partnership), respondents were asked: Why did your organization/group decide to contribute to this Partnership? Can you tell us more about the chief benefits and costs of participation?

### ***Surveying the Partnerships***

This assessment tool was then used in conjunction with a sample of six key HAZ partnerships (see Box 2), three in Cornwall and three in Plymouth. These were chosen to capture different responsibilities, membership and stages of evolution whilst at the same time facilitating direct comparison between the process of partnership in the two very different geographical areas and operational contexts.

In each instance the external evaluator attended a meeting of the partnership, briefed the partners as to the aim and content of the assessment tool and obtained formal agreement from the partnership as a whole to participate in the exercise. Only once was this the first contact between the evaluator and partners, with observation at meetings, interviews and a range of dissemination activities having otherwise already occurred. Questionnaires were then distributed to all members of the partnership. In those instances where individual partners had been absent from the meeting, the assessment tool was distributed with a covering letter of explanation whilst all the questionnaires included contact

*Cornwall & Isles of Scilly HAZ Steering Group (HAZSG)* was formed in 1999. This strategic group was accountable for the effective delivery of the HAZ Plan. It met quarterly and had a broad-based membership of circa 35, many at senior management level.

*Plymouth Programme Board Chairs Group (PBCG)* was formed in June 2000 to succeed the original HAZ steering group. This group of circa 20 comprised the chairs of the 12 HAZ programme boards (usually at Chief Executive level), the HAZ team leader and a small number of key individuals, e.g. the Chief Executive and Chair of the Health Authority and an elected city council member.

*Cornwall & Isles of Scilly Healthy Living Initiatives Development Group (HLIDG)* was established in September 1999 and oversees one of five Programmes within CloS HAZ. The Programme aimed to support local communities in reducing health inequalities and the HLIDG had strong voluntary and local government representation in its membership of circa 30.

The *Plymouth Community and Voluntary Sector Development Group (CVSDG)* started life as the HAZ Community and Voluntary Sector Development Programme Board, later also becoming a foundation group of Plymouth 2020 Partnership (now the Local Strategic Partnership). It had a membership of 13.

*Children's Services Planning Group (CSPG)*. With origins outside HAZ, this pre-existing inter-agency group assumed responsibility for steering the HAZ Children and Young People's Programme in Cornwall. A large group (c. 30) with a senior membership, it was restructured and renamed in autumn 2001.

*Plymouth Integrated Planning for Children and Young People (PIPC&YP)*. A combination of the Health Action Zone Children and Young People Programme Board and the Children's Services Planning Group which pre-dated HAZ. These groups merged to form PIPC&YP in January 2000 and when surveyed there were 10 members.

numbers, an offer of assistance and notes explaining the thinking behind each principle.

Response rates varied between 55 and 100 percent, with an average across the six partnerships of 66 percent. Response rates were lowest across the three Cornwall groups, which – as the three largest partnerships sampled – depressed the overall rate of return. Explanatory factors for this variation in response, such as geography, size and stage of partnership, and the existence of ‘paper partners’ are explored further below. In general, however, a response was received from most individuals who were both active contributors to the partnership process and not constrained by recent appointment. The three key functions of the assessment tool:

- the ability to promote self reflection and learning,
- the ability to benchmark, and
- the ability to guide development,

are now examined in the context of these six partnerships.

## Self-Reflection

The entry point into the assessment tool is a period of self-reflection and individual learning. Partners cannot meaningfully 'fill in the boxes' without explicitly considering their response to each element. Nuffield had invested considerable effort in ensuring partners understood the rationale behind the questions and there was evidence both from written responses and subsequent feedback sessions that participants often 'enjoyed the thinking'. However, the inclusion of supplementary questions and the movement from the first detailed pilot to the final, simpler assessment tool both provided interesting insights into this process.

First, respondents were not necessarily able to make the transition readily between reflective mode and ranking mode. In the fuller pilot, partners would often illustrate the existence of equivocal feelings by responding to both prompt questions (i.e. the one aimed at those falling within the 'agree' spectrum and that aimed at those falling within the 'disagree' spectrum). Alternatively, they provided additional comments in the space allocated for this purpose after each element. One respondent, for example, agreed that their partnership had fostered a two-way information flow, with policy and strategy both communicated down through partner organizations and informed by the grassroots. However, their written comments praised their partnership's communication strategy whilst highlighting the variable effectiveness with which individual members acted as conduits between the partnership and their own organizational agendas.

In the final tool, where space was more limited, respondents typically expressed their doubts by placing a tick on the intersection of the 'agree' and 'disagree' boxes. One analytical response was to extend the scoring system so that such equivocal responses could be assigned a score capturing their median position on the scale. A more intractable problem in scoring terms arose when respondents indicated that they did not know enough about the aspect of the partnership under discussion to respond. This included areas as salient as financial resources, accountability and shared information. However, both the existence of an equivocal response and a reported lack of knowledge were identified as important dimensions, reflecting on the partnership process. They were thus considered explicitly in subsequent analysis rather than being treated as missing information, as they would have been if the transition from self-reflection to benchmarking had been made without the insight made possible by the recording of comments in the preliminary phase.

Second, qualitative comments, particularly within the early pilot, revealed instances where this transition resulted in non-congruent scores. Occasionally, this was apparent between the ranked response to one element and the accompanying comments but more commonly it was evidenced by responses elsewhere within the same principle or even in deliberations around another principle.

This suggests that equivocation may be even more prevalent than the record shows. It also illustrates how, in considering complex structures such as partnerships, the initial response prompted by any one individual question may be



modified following further reflection around related topics. It was notable that those partners identified independently by the field research as 'key actors' were both the most likely to comment extensively on the questionnaire and, by the digressions involved, highlight ambiguities between their understanding of the partnership process and their ability to rank individual strengths and weaknesses. This not only raises questions as to the degree to which a stand-alone ranking process can capture the more discursive notions of partnership but also the degree to which the tool is able to prompt reflection in those either at the margins of the process or those less inclined to contemplative thought.

A further possible explanation for such variations is the desire to give what are perceived to be the 'right' answers as opposed to the 'real' answers. However, the use of the assessment tool within a broader-based investigation into partnership suggested this was not a significant problem in this instance, with the self-assessment benchmarking of the partnerships reinforcing independent assessments of strengths and weaknesses.

Finally, it is important to note that the type of information evidenced from individuals in support of the ranking process did not tend to emerge again in post-assessment discussions (of the type generally advocated by such partnership assessment tools). These tended to focus instead on the outcomes of the assessment exercise – i.e. partnership strengths and weaknesses – together with strategies for development, rather than on explaining how individuals arrived at their initial judgements as to these strengths and weaknesses.

Interestingly, recent debate has stressed the degree to which the 'evaluation process itself may constitute a major source of learning' (Valovirta, 2002; also Forss et al., 2002). Despite concern over the formal loss of qualitative information generated at this early stage of the assessment process, both in the move from the pilot to the final tool and in the focus on benchmarking, there is a possibility that the process of self-reflection may have been influential in generating ideas that, whilst not captured by the assessment tool, did influence subsequent partnership development. For example, one theme revealed in the commentary was concern that communication strategies were often exclusive, relying too heavily on the printed word and the use of electronic technology. In consequence, community groups were often unaware or only belatedly aware of key developments, including the availability of finance. One group responded by ring-fencing 'Extra Time Grants' in its next bidding round to which community groups could apply across the year rather than meeting tight deadlines. Another introduced a series of Healthy Living Initiative Learning Experiences, the aim of which was to actively demonstrate items of good practice at the local level and to add value to the current work programme of community groups by allowing them to find out, at first hand, about the work of some of the organizations that had already received grants.

## **Benchmarking**

Benchmarking aims to improve 'performance by learning from best practices' and involves comparing 'your own performance with that of others analysed'

(O'Reagain and Keegan, 2000). It can, therefore, identify areas for improvement. The production of scores for each partnership followed the procedure established by Nuffield, with respondents able to score between 1 and 4 on each element and thus between 6 and 24 on each principle. Scores were then totalled on a principle-by-principle basis and an average produced across all respondents to represent the partnership as a whole. The highest category under this scheme is a score of 19–24 at principle level, indicating that respondents are generally in either strong agreement or agreement with the questions posed, whilst a score of between 6 and 11 would indicate widespread disagreement. It is this process that provides the potential to benchmark.

The way in which each of the six partnerships performed on the nine surveyed principles is shown in Figure 1. All the partnerships surveyed performed *relatively strongly*, with all the scores falling in the top half of the distribution (13 or above). However, few partnerships performed *very strongly* (scores in the top quartile) with only three partnerships scoring 19 or above on two principles and one partnership scoring strongly on one principle. There is also a gradient in performance terms across the partnerships with variations both within principles and between principles.

It is to the results of the benchmarking process and the variations between partnerships that the discussion turns next. It is important to stress that whilst the assessment tool reveals the 'shape' of the partnership, the understanding necessary for subsequent development is frequently only possible because it was embedded in a larger process of partnership evaluation.

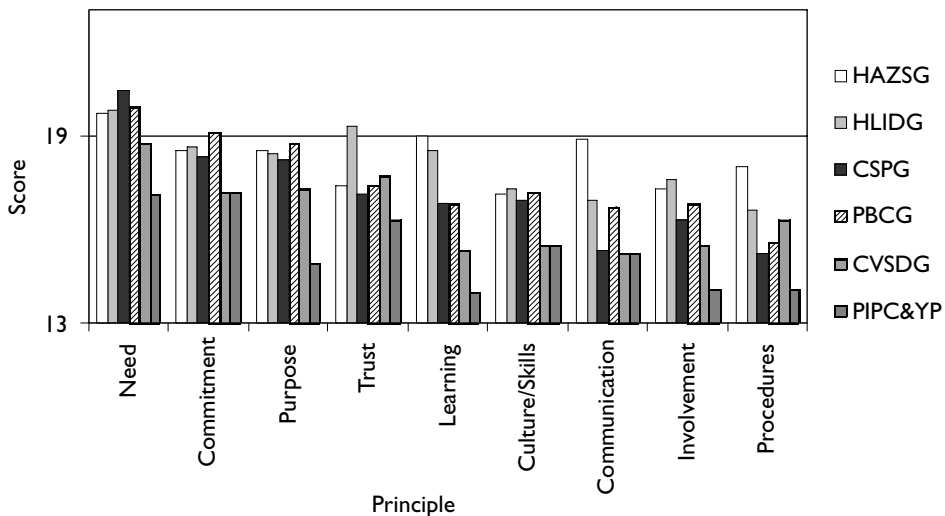


Figure 1. Scores by Principle and Partnership

### **Partnership Strengths**

In generic terms the benchmarking process found the HAZ partnerships to be strong in four key dimensions:

- recognition of the need for partnership,
- ensuring commitment and ownership,
- establishing clarity and realism of purpose, and
- developing and maintaining trust.

Two examples of identified strengths show how the benchmarked position was reinforced by both commentary and contextual analysis.

**Recognition of the need for partnership** All six partnerships considered this to be the strongest aspect of their partnership. The ranking process showed that respondents felt strongly that their own organizations now had to work in partnership with others in order to achieve some of their main goals and that the opposite also applied. This had produced a suite of people for whom partnership working is now seen as a core part of their role and for whom 'my colleagues are now in other agencies'. Comments on the tool suggested that people were increasingly participating not to impose their own perspective but rather to increase understanding and establish connections. These are features of particular importance in the context of both ongoing re-organization and the constant introduction of new initiatives.

Interestingly, the partnerships with the lowest and highest scores on this dimension were both concerned with children's services. Our contextual knowledge suggests that one explanation is involvement with reform at the operational level. The greatest awareness of need for partnership thus came from the partnership that had identified and managed a number of high profile HAZ projects which addressed areas of joint working and budgetary responsibility that had long confounded the key statutory agencies. This had demonstrated the need for effective collaboration if complex and innovative projects were to move from planning to implementation (Williamson, 2001). The other children's partnership, in contrast, had a more limited portfolio of just five projects only one of which focused explicitly on an equivalent substantial challenge for multi-agency working. The ability to learn from practice was thus far more limited.

**Ensuring commitment and ownership** Issues of commitment and ownership emerged as the second strongest strand overall, with the benchmarking process showing that respondents felt their partnerships had secured a clear commitment from the most senior levels of their organization or group and had attracted individuals with important networking skills whose work is encouraged.

There was agreement, however, that such strengths had been achieved without the use (or perhaps even availability) of appropriate rewards and sanctions. This is an important reservation given that the tool also revealed that all the partnerships were concerned about the breadth of representation they had secured and many respondents felt that they had no way of bringing recalcitrant or less immediately obvious stakeholders to the table. Contextual information shows

that such stakeholders were in some instances nominally listed as members of the partnership but played no active part in the process. For instance, the acute trusts are key mainstream health players who have tended, with a few notable exceptions, to remain on the margins of the HAZs and regard the inter-agency agenda as peripheral to their core business.

### **Partnership Weaknesses**

At the opposite end of the spectrum the benchmarking process was able to distinguish three generic areas of concern. Critically, two of these dimensions were introduced into the assessment as a result of local interviews and observation: the need to involve relevant stakeholders in a meaningful way and the need to develop effective communication. The literature suggests these are not weaknesses peculiar to the South-West (see e.g. El Ansari and Phillips, 2001; Smith and Beazley, 2000) but their identification reinforces evidence from the local evaluation which has highlighted the challenges surrounding seniority, breadth, relevance and responsiveness of representation together with the significant challenges posed for joint working by the lack of access to shared information systems. Again two examples are included to show how the benchmarking process was effectively contextualized by respondents' comments and by the larger evaluation.

**Involving all relevant stakeholders in a meaningful way** The ranking process revealed many reservations about the degree to which individuals from all relevant groups were involved and a concern that partners and stakeholders did not have equal access to information. Accompanying comments showed that many groups felt their formal membership was adequate but this was not necessarily reflected in real involvement, or in the spread of information beyond the personnel directly involved. Interviews revealed this related in turn to problems nurturing a partnership culture within organizations because, unless credence is given by senior staff to working in partnership, mechanisms are not put in place to ensure the products of such work are disseminated. Indeed, a local HAZ Partnership Conference found that partnership members did not actually consider it part of their responsibilities to feed back key issues to their organizations.

Accompanying comments also highlighted concerns around the lack of voluntary and, most particularly, community representation, including the involvement of user groups. Business involvement was similarly a constant challenge. This was felt most particularly in Cornwall, where a predominance of very small employers militates against involvement. This is a commonly reported problem on a national scale (Russell, 2001). For one of the partnerships concerned with the voluntary sector, comments also showed it had proved difficult to engage strategic players effectively, particularly the Primary Care Trusts (PCTs). Constraints on resources were seen as contributory factors, as, significantly, was the fact that preventative action is still seen as a marginal concern.

**Effective communication** The tool showed that the development of effective communication was similarly of widespread concern. The scores revealed

reservations around all elements of the principle: the development of shared information systems and data transfer, for instance, the existence of a two-way information flow between senior managers and the grass roots, and the presence of a communication strategy that reflects the information requirements of all stakeholders. Non-statutory groups, for instance, found it difficult to access and understand the information they needed whilst:

Even e-mail systems between different agencies are not easy to activate. Data transfer is even worse. Information overload is a significant issue.

Yet in each element there was also evidence of a partnership that felt real progress had been made in this direction. In one case, for example, sequential appointments had been made, with a part-time communications officer seconded to the partnership to develop a website followed by a community development worker able to disseminate information proactively at the local level. Indeed, for the Cornwall strategic partnership this progress was seen across the principle to the extent that it was considered a third key strength (see Figure 1).

### ***The Identification of Outliers***

The assessment tool was also able to identify outliers within principles, strong or weak elements that might otherwise be lost. Within the sampled partnerships, for example, two such elements emerged as common strengths. These related to the development of a partnership culture in individual organizations and groups, with ranked responses suggesting experience in partnership working is increasingly a requirement of senior managers and that more attention is being paid to the recruitment and retention of people with the right skills for partnership working. However, ranking showed this to be juxtaposed with concern as to the degree to which appraisal systems reward partnership skills and an absence of training in partnership skills. The supporting evaluation revealed partnership skills to be largely still either imported or acquired on the job and suggested that organizations do not yet attach sufficient importance to them, or perhaps understand them sufficiently, to build them into formal training or assessment programmes. The tool revealed, for instance, that effective conflict management skills had not generally been developed and evaluation stresses this is increasingly important as partnerships move from the often abstract agreements that surround the development of strategy to the very precise agreements that surround joint working.

Local evaluation indicates that the HAZ programme has itself been significant in increasing the number of individuals with partnership working skills, most particularly in Cornwall where an extensive portfolio of projects has been implemented on a day-to-day basis by front-line staff. Initiatives, such as an induction process for new project leads, which draw on the learning gained from working at the organizational margins, suggest that the shortfalls in this dimension are beginning to be addressed and the move made towards sustainable change.

### ***Variations between Partnerships***

Figure 1 shows how the assessment tool can also highlight variations between partnerships. Two important distinctions are singled out for discussion.

First, there is an area effect, with the Cornish partnerships tending to score more highly than their Plymouth counterparts. This is particularly notable with respect to monitoring, measuring and *learning* where the Cornish partnerships are between two and three points above their Plymouth counterparts. The need for detailed contextual knowledge is underlined here since, drawing on a self-assessment questionnaire, it is impossible to gauge whether these differences simply reflect poorer partnership performance or different expectations or perceptions of the process. There is, for example, a very different history of partnership working in the two areas and partners have to operate in very different geographical contexts.

The tightly bounded city of Plymouth, with a population of 255,000, has been the subject of a series of coterminous area-based initiatives and partnership working has a considerable history. Stakeholders tend thus to be more experienced in the partnership process and this may have led to higher expectations of what is required to effect change, a greater degree of realism as to what their partnership is able to achieve, and/or a sense of ennui relating to initiative overload. In contrast, the C&IoS HAZ was designated in part because of a lack of partnership history. Voluntary and community groups lack umbrella organizations, and the challenges of joint working are compounded by distance. Designation as an HAZ thus provided an opportunity for key stakeholders to think differently and pro-active champions have been determined to demonstrate that this, for them a novel initiative, could work.

A second potentially interesting outlier is the degree to which two of the Cornish groups have embraced and fostered evidence-based learning. Contextual knowledge suggests evaluation is a critical variable here, both in terms of the approach adopted and the resources attached to the process in the two areas. In Plymouth one team was commissioned to evaluate the effects of partnership working whilst another was commissioned to initiate a 'Learning Communities' approach which focused largely on training in theory-based evaluation. This was the subject of limited take-up (see Cotterill, 2002).

In C&IoS, in contrast, a single but larger team was commissioned to evaluate the programme as a whole and its constituent projects and to facilitate internal evaluation. This provided a vital source of one-to-one support in the initial stages of project development. One particularly significant spin-off was the fostering of contact and support networks between projects themselves and the articulation of common challenges. Another was the increased awareness of both the potential for partnership working and the barriers to effecting change that resulted from detailed evaluation reports and feedback on operational activities.

Finally, it is worth noting the different sizes of the partnerships in the two areas. Geographical extent and the complexity of organizational boundaries in Cornwall have tended to produce larger partnerships and the more limited response to the Partnership Assessment is drawn from an active, albeit extensive, core. If the assessment tool had been used outside the evaluative framework this would have cast doubts on the degree to which the responses reflected the work of the partnership and suggested that a fuller response from marginal players might have suppressed the scores. However, used *in* context it was

obvious that those who failed to complete the assessment tool were those who rarely or never attended meetings. The lack of response was thus ultimately a comment on those sectors with which the partnerships had failed to engage and served to define the extent of the real partnership in each case. The final section now looks at the degree to which the findings from the assessment tool are able to contribute to partnership development.

## **Learning and Development**

In all instances the results of the questionnaires were analysed by the evaluators and reports presented to the individual partnerships. These not only outlined the scores for the group and the identified strengths and weaknesses but also explained these in terms of the comments extracted from the assessment tool and our own contextual research. Care was taken not to focus entirely on the presentation of averages but to explore the significance for the partnership of outliers: individuals or groups within each partnership whose response varied markedly from the position of the partnership as a whole. Discussions then followed, with some partnerships calling specific meetings to consider what action they should take as a consequence of the exercise.

Importantly, collective learning and development were thus a function of being able to capture the process of self-reflection not only in a score but also in a reasoned explanation. It was also a function of the availability of resources to analyse the responses constructively, rather than simply generating averages, and the product of a fund of detailed contextual knowledge concerning the characteristics of individual partnerships, including evolutionary stage and attitudes towards monitoring and learning.

One partnership, for example, was based on the core belief that 'local people working together at community level and in partnership with service providers and focusing on health in its broadest sense can help to develop sustainable communities that improve their quality of life and health'. It had, however, found it difficult to engage strategic players effectively, particularly the PCTs, reducing its ability to challenge the mainstream health ethos or resource its continued operation. This shortcoming was reinforced by the scores ascribed in the assessment tool with comments showing that failure to address this issue at group level could jeopardize the commitment of other partners and undermine the credibility of the initiative as a whole within the HAZ programme. The group thus called a meeting specifically to examine such barriers and to explore strategies for overcoming them.

Significantly, the assessment tool was not needed in order either to identify this problem or flag it as one of the most significant challenges facing the group. It had been widely and publicly acknowledged by group members before the assessment and was certainly not a novel finding. Yet, the ability to actually attach a numerical score to the problem and show that the partnership as a whole identified this as a weakness proved an imperative to action. Following the feedback session a working group was thus convened and the partnership has since restructured with a small strategic group, including representatives from

the PCTs, local authorities, Sports Action Zone and voluntary and community sectors, linked to a broad-based operational group that fulfils a networking function.

This seems to be part of a wider tendency for subsequent developments to be linked to the outcomes of the assessment tool. In this sense the scores tend not necessarily to raise awareness but rather to give collective legitimacy to the decision to act. Such developments suggest that, when used as part of a wider evaluation process, assessment tools can prompt both learning and development. Concerns remain, however, as to the continued significance attached to quantitative as opposed to qualitative findings (see e.g. Bartunek and Seo, 2002) with, ironically, even a group committed to giving credence to a diversity of approaches and voices in order to support community-led change and evaluation, appearing to attach considerable symbolic significance to the availability of scores.

Concern also attaches to the ability of such tools, when used alone, to capture minority voices or the learning consequent on self-reflection. In the examples discussed the availability of comments (together with the identification of respondents) explicitly enabled this, facilitating, for example, an exploration of the different perceptions of the partnership process held by the independent sector and the identification of themes evident in written comments but tacit in collective discussions because of ongoing sensitivities (such as the role of Social Services). Finally, it suggested that in complex partnerships, typical of a multi-agency initiative such as the HAZ, what is being assessed may not be 'a partnership' but a myriad of partnerships with individual members aware of only a particular area of operation or programme: Intermediate Care, for example, or Children's Services. The process of synthesis may thus be at the expense of an understanding of the constituent parts. It is not to be expected that any one tool could, in isolation, address such issues but the costs and benefits of using such an assessment tool as an integral part of wider evaluation rather than as a stand-alone product need to be appreciated.

## **Conclusion**

This article has drawn on the development and implementation of a partnership assessment tool within two HAZs in order to explore the role of such tools within evaluation. For many partnerships the simple 'health check' may be the most attractive element of the package, giving the opportunity to quantify progress, compare performance and meet accreditation targets. Indeed, such packages are increasingly being developed for electronic access and scoring, with an emphasis on self-assessment and the implication that this can be both simple and quick.

This study has shown that such a benchmarking process does have the potential to inform the partnership process and produce significant learning and development. Across the six studied partnerships it has, for example, been possible to identify a number of general strengths and weaknesses both at the principle or thematic level and at the level of the composite elements. These



provide not only detailed insights into partnership working on a geographically and initiative-specific scale but also a foundation for comparisons with generic findings on partnership. In one area the utility of the process has been endorsed by suggesting the LSP undertakes a similar exercise.

The study has also shown, however, that the utility of this information is not the product of a simple tick-box system or a self-assessment exercise, nor can it be achieved quickly. This is evident throughout the process. First, the assessment tool was adapted in order to reflect locally identified themes. Two of these three additional dimensions subsequently emerged as areas of significant concern to the surveyed partnerships. Second, the important process of self-reflection was captured at the time of completion. This not only provided an insight into individual positions but also revealed, particularly in the more detailed pilot, difficulties in the ranking process and different propensities for reflection. Third, it highlighted the frequency of equivocal responses, allocating these a specific score and differentiating these from areas where respondents did not answer because they knew little about this aspect of the partnership process. Both types of response were thus explicitly measured. These are areas that would otherwise have been treated as missing information and yet they have potentially as much to say about the process of partnership working as the answers that are commonly counted and ranked.

Despite the utility of this information, respondents found this a time-consuming process and it is notable that strategic managers or those on the periphery of the partnership often only provided a tick-box response. With the resources available for independent analysis, attribution of responses was possible and attention could be given to such variations within partnerships. The range and origin of information incorporated in each benchmarked score could also be explored rather than just the average. It was thus possible to recognize where particular sectors and particular individuals departed from the majority position and explore this further, often in individual interviews. Again, a minority dissenting voice may offer as many potential insights into the process as the majority position, particularly if there is evidence that considerable thought has gone into the response, yet a simple benchmark will render it invisible.

In each instance the benchmark thus did not stand alone as a positional statement but rather provided a framework of reference and a starting point for discussions, prompting questions as frequently as it proffered results. A detailed knowledge of context was required in order both to explain the variations in the scores effectively and to interpret seeming commonalities. This support is a feature of the seminal assessment tools used as a basis for this research, albeit a feature that may be called upon only in the form of post-assessment discussions with partnerships that identify significant barriers. In contrast, this article suggests the requirement is actually far more pervasive than this and that such tools *should only be used as an adjunct to a broad-based investigation*.

In conclusion, formal assessment tools, such as those described, can be extremely valuable, in terms of the learning that can result both from the *process* itself and from the *outcomes* of the assessment. This can have a real impact on the future development of the partnership. There is a certain value in being able

to provide a quantitative as well as a qualitative result and this can focus decision makers on the priorities, adding impetus to suggested change.

However, partnerships are under increasing pressure to demonstrate that they are evaluating their own partnership working and to be able to show where they 'fit'. The proliferation of web-based self-assessment partnership tools (e.g. Department for Education and Skills, 2002; Employers Organisation for Local Government, 2002; and for a review of partnership tools see Markwell [2003]) reinforces this notion that it is possible to benchmark quickly and easily. In contrast, this article has demonstrated repeatedly that turning the resultant 'score' into meaningful learning is dependent on the availability of supporting data. As a stand-alone device partnership assessment tools are thus open to misinterpretation. They appear unlikely to produce self-reflection other than in those already inclined to analyse their role, and unlikely to foster development other than in those partnerships already committed to evidence-based learning and prepared to invest the necessary resources in the process.

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