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#201 - Do formalised partnerships, with embedded joint positions, facilitate implementation of evidence into policy and practice?

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Objectives/aims

The health and wellbeing of children and families in the early years is influenced by many interconnected social, economic, and environmental factors that cannot be supported or optimised by one department, organisation, or sector. Promoting public health in this way is even more complex when considering the well-recognised gap between the generation of evidence and the implementation into policy and practice. Therefore, collaborations and partnerships across organisations and sectors are critical. There are many ways in which these partnerships can be operationalised. For example, through formal agreements, secondments, internships, knowledge broker models, and embedded or joint positions. It is through these types of mechanisms that opportunities are created for sustainable and scalable implementation of evidence into policy and practice.

The Caring Futures Institute, Flinders University, and Wellbeing SA entered a formalised partnership, a Public Health Partner Authority Agreement, under the State Public Health Plan and Public Health Act. This enables collaborative work within, and across, both organisations to support the implementation of evidence-informed policy and practice to support children and families in the early years. To support sustainable and scalable implementation and to facilitate the partnership, both organisations co-funded a joint position.



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This partnership, with the embedded joint position, provides a unique opportunity to assess *how* this partnership model *works* to achieve effective implementation. Therefore, the aim of the current study was to 1) determine if formalised partnerships with embedded joint positions impact evidence implementation and 2) unpack the nuances using realist evaluation to identify the key context features and underlying mechanisms.

Methods

This study is using a realist evaluation through a longitudinal case study of the partnership processes over its 5-year lifespan as determined in the Public Health Partnership Authority agreement (2021-2026). Data collected over the course of the study will be used to explore, refine, and test the initial programme theory for the relationship between formalised partnerships and evidence implementation. Data will be collected over three rounds and will include 1) document review, 2) semi-structured interviews, and 3) observation.

Main findings

We have generated a preliminary working hypothesis that formalising a partnership through a signed agreement with a clear governance structure and area for collaboration, combined with an embedded joint appointment (C) contributes to a shared vision with priority areas for collaborative action (M) and is reflected in the generation and translation of evidence-informed policies and practice (O). This study has implications for how organisations can work together to drive large-scale change for public health.