



Partnership in Practice

Partnering in Progress

***Learnings from partnerships
between community service organisations
and the Victorian Department of Human Services***

An initiative of the Human Service Partnership Implementation Committee representing community service organisations through VCOSS and the Department of Human Services

October 2009

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Similarly, HSPIC is indebted to those participants from the pilot workshops who helped shape this project.

The HSPIC Evaluation and Development Working Group have worked tirelessly negotiating and debating evaluation methodologies to arrive at one it believes will best achieve its outcomes.

At a regional level, the Regional Partnership Contacts Group coordinated promotional materials, participants, venues and refreshments and performed a miracle: getting the right people to the right workshop at the right time.

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Finally, thanks to the Victorian community sector organisations (CSOs) whose commitment to providing improved service outcomes for people in Victoria never ceases. HSPIC recognises their invaluable effort, their knowledge, and the relationships these organisations create and foster in Victorian communities.

This state-wide report is a culmination of the efforts of all those mentioned above and of the Regional Partnership Reports distributed to the department's regional offices and participating community sector organisations (CSOs) in 2008.

The 'Partnering in Progress, July 2009' report identifies common themes across all regions and services. It provides a broad view of the implementation, impact and experience of partnering to date in Victoria.

Executive summary

Collaboration between community sector organisations (CSOs) and the Department of Human Services (the department) is seen as an important mechanism for driving initiatives and working towards an integrated service system.

Strategic relationships between CSOs and the department are fundamental to the success of this collaboration. It requires systems, processes, people and resources to fully enact the principles and practises of a partnership commitment.

In 2008, the Human Services Partnership Implementation Committee (HSPIC) endorsed a project to evaluate the partnerships currently operating across the health, housing and community services sector through a qualitative and 'real life' partnership assessment process.

Eight workshops were held in each Department of Human Services region and co-facilitated by the department and the Victorian Council of Social Service (VCOSS). A total of 164 participants attended from 81 different partnerships. On average this involved 20 participants per region. Participants represented a variety of programs, including those for community health, mental health, drug and alcohol, family violence, child and family services, disability, youth, indigenous, cultural and linguistic diversity, housing, and hospitals programs.

The Hume Region hosted the highest number of participants across regional workshops (31) and the highest number of partnerships represented by any one region (18). The Eastern Metropolitan Region hosted the highest number of organisations represented at any one workshop (18). The North and Western Metropolitan Region had the least number of participants (16) proportionate to the size of the region.

Methodology adopted for this evaluation included the VicHealth Partnership Analysis Tool and feedback from facilitated regional forums comprising members from Department of Human Services and community sector organisation partnerships. This state-wide report, 'Partnering in Progress, July 2009' provides an analysis of feedback, emerging themes, and recommendations for action.

Analysis of feedback

VicHealth partnership analysis survey results

One hundred and one surveys were completed prior to the workshop (totalling 62 per cent of participants who attended the workshops).

When asked to rate the level of agreement (ranging from strongly agree to strongly disagree) with five statements, all regions except for one of the seven regions identified the highest scoring dimension (strongly agree) as, 'Determining the need for the relationship'.

Further analysis identified that 60 per cent of those who completed the tool rated their partnership in the highest of the three categories for partnership functioning, that is: 'A partnership based on genuine collaboration had been established. The challenge is to maintain its impetus and build on the current success'.

The survey results provide a valuable snapshot of the value, strengths and challenges that both community sector organisations and the department view partnerships as having. However, it is a subjective measure and influenced by a

number of factors such as staffing levels in an organisation, previous partnership experience, forced or initiated partnership, and current issues impacting on the organisation.

Workshop feedback

Participants at all workshops were able to identify more benefits to partnering than challenges or constraints.

The feedback strongly supported the need to form partnerships between CSOs and department programs (both in rural and metropolitan regions) for increased service integration and better client outcomes. All participants endorsed 'partnering' as a means to achieve better outcomes for clients. All regions also identified significant benefits for individual agencies and the broader service sector in partnering.

Feedback from table discussions included the following themes:

Governance structure

The need for a governance arrangement to oversee the operations of any partnership was seen as critical to its sustainability and continuity; as was clear and well documented structures with clearly defined roles and accountabilities for members; and mechanisms for communication, identifying issues and strategies to resolve problems.

Membership

Partnerships are more likely to be successful if there is consistency of membership from an organisational and individual level. The importance of skills, knowledge and experience of the members was noted. The importance of a 'leader' or 'champion' for the partnership was also seen as having a strong and motivating influence on the partnership.

Partnership and funding body

Participants from both the sector and the department discussed the dilemma for the department's staff of being a member of a partnership and having a contractual and monitoring role, particularly around decision making and 'authority'.

Working with other government departments

Many of the partnership members identified partnerships and other formal relationships they had entered into with a range of government departments. There was a general sense of a lack of consistency between the partnering models and expectations.

Partnership resourcing

Resourcing the partnerships required good planning processes at the establishment of the partnership as well as throughout the life of the partnership.

Partnership skills

Effective partnerships required skills in communication, judgement, discretion, competence, leadership, negotiation and an understanding of different partnership roles. Trust was identified as 'a critical feature of collaborative relationships between organisations'.

Partnerships between organisations

Small sized community sector organisations identified the 'power imbalance' for them compared with larger sized organisations. The larger organisations often provide resources (whether funded by the department or not) and this was often interpreted as having 'more say'. Similarly, the 'culture fit' between organisations where there were fundamental philosophical differences had challenged a number of partnerships.

Reviewing and mapping partnerships

Feedback indicated a need to review the partnership and membership at key milestones to avoid 'partnership fatigue'. There was considerable overlap in membership of partnerships in some rural areas that could be rationalised to minimise duplication if there was a program-wide or region-wide review.

Tyranny of distance

Balancing competing priorities required members to make choices about where to best allocate their time in rural regions, yet there was acknowledgement of the importance of face-to-face meetings in the early stages of partnering.

Opportunities for strengthening partnerships

At the conclusion of each regional workshop, participants were asked to identify key points, ideas or areas for improvement. Analysing the list of responses revealed a clustering around three themes:

Linking and connecting partnerships

Recognising that many CSOs work with two or three levels of government provides a unique opportunity to structure and coordinate partnerships at the regional level where policy and operations are working hand in hand. Comments indicated a high level of support for service planning across jurisdictions, as partnering activities continue to grow.

Structuring partnerships

Robust governance arrangements were achieved by having structures that included clear decision-making processes as well as review and grievance processes.

Increasing skills and resourcing for partnerships

Partnerships enable new service models to be designed through better coordination and enable outcomes that would not otherwise have been achieved; however, they also require the building of trust and cooperation of agendas, processes and structures.

Recommendations

Four recommendations were identified that continue to build on the learnings gained to date.

Recommendation 1: Map partnerships across regions and departments

Undertake a regional and program mapping (or stocktake) of the partnerships across whole of government:

- to identify the breadth of current partnering activities, such as alliances and networks;
- to establish the linkages, possible integration opportunities and rationalisation; and
- to identify gaps and future planning processes.

Recommendation 2: Develop a resource library

Collate existing resources on partnering tools and information collected to date through this project (and other information) and load these onto Funding Agency Channel (FAC), VCOSS and the department web sites.

This may include governance structure options to suit different partnering arrangements, including resources such as lead arrangements, subcontracting and informal consortia, member roles and responsibilities statements, meeting agendas, Memorandum of Understanding (MOU) examples (simple and complex ones), and Terms of Reference examples to match governance structures (such as, 'executive' and operational working groups). Case studies from Child FIRST and Primary Care Partnerships can also be included.

Continue to develop partnership tools such as checklists, templates and processes and upload these as they become available.

Recommendation 3: Invest in strengthening partnership skills

Coordinate a calendar of partnership information and training opportunities for current and future members of partnerships across relevant topics and involving members as speakers and facilitators.

Topics may include:

- the partnership governance options;
- role of the chair and the chair's responsibilities;
- networking skills, such as facilitation, communication and persuasion; and
- partnership leadership.

Information and training might involve the following mechanisms:

- communities of practice (a group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly);

- breakfast or lunchtime seminars; and
- half-day and one-day training sessions or forums.

Recommendation 4: A continued role for HSPIC

Identify partnership tasks to be undertaken as part of the HSPIC work plan that will build on the learnings to date and further strengthen the knowledge base and skills within the Victorian context.

Partnership activities require a champion who supports and steers the activities of a sector, membership or program. HSPIC as a joint governance group for key projects between the department and the housing, health and community services sector is ideally placed to continue to the partnership agenda. Its role in the future, as partnerships evolve over time, will be invaluable in:

- capturing the learnings;
- identifying further challenges; and
- advocating for integrated service models that are well supported and resourced.

This report will inform further partnership work to be jointly undertaken between the CSOs and the department over the coming year and will promote the continued commitment to the partnering agenda.

Introduction

Since 2000, the development and delivery of community services across Victoria have benefited from a more collaborative approach: moving from promoting competitiveness between service providers and a 'hands off' approach from the funding body towards a partnership arrangement. This has been welcomed by community sector organisations as a more constructive and respectful way of working.

This changed paradigm involved a significant shift for both the Department of Human Services and CSOs and has required a focused effort to establish the partnership framework.

'... interest in evaluating partnership outcomes is commonly driven by a desire to justify the investment of resources, to identify and replicate what works and to eliminate interventions that do not work ...'

Boydell, L. Partnerships: A Literature Review, p.11

Dublin: Institute of Public Health in Ireland, 2007

The partnership framework recognises that partnering is a collaborative arrangement between government and the health, housing and community services sector (the sector), based on mutual respect and acknowledgement of the different and complementary roles and responsibilities of each of the partners. It is designed to strengthen and improve services to achieve better outcomes for the community and to build a more integrated service system in Victoria.

The 2005 Partnership Agreement between the department and the sector presents 'an agreement of the vision, values and goals which the department and funded organisations hold in common ... and supports a shared approach to developing more effective working arrangements between the department and the sector it funds.'¹

Different governance arrangements are emerging within the sector in the form of voluntary alliances, informal networks and the creation of formal partnerships. Importantly, not all partnerships are the same. However, most partnerships move up and down a continuum which shows progression based on the degree of commitment, change required, risk involved, levels of interdependence, power, trust and a willingness to share 'turf'.²

Partnering arrangements are promoted by the department and the sector as a vehicle for driving initiatives, service delivery, and improved outcomes for Victorians. It has required systems, processes and people to fully enact the principles and practices of a partnership commitment.

To support the different partnering arrangements, the first three-year Partnership Agreement between the health, housing and community sector and the Department of Human Services was signed in 2002. This agreement was amended and continued in 2005. A collaboration and consultation protocol was

¹ Department of Human Services on behalf of the Funded Agency Partnership Project Working Group, Policy and Strategic Projects Division, 2002, *Partnership agreement: Department of Human Services and the health, housing and community sector*, Department of Human Services, Melbourne.

² VicHealth, VicHealth Partnerships Fact Sheet 1, <www.vichealth.vic.gov.au>.

also developed to advance the way parties to the Partnership Agreement collaborate and consult in order to plan and deliver high quality services to the people of Victoria'.³ As a progression and recognition of the partnership relationship and the enhanced trust between parties, the 2009-2012 current partnership structure is recognised through an overarching framework articulated in a Memorandum of Understanding (MoU) that will strengthen the partnering between the department and the independent health, housing and community sector.

The establishment of the Human Services Partnership Implementation Committee (HSPIC) in 2004 added to this framework. The aim of HSPIC was improving and promoting the partnering relationship between the department and the sector. One of the key functions for HSPIC was to review the 2005–2008 Partnership Agreement and to identify opportunities to improve the partnering between the sector and the department.

Under the auspices of HSPIC, two state-wide surveys were undertaken in 2002 and 2005 to gauge levels of satisfaction with the partnership between the department and sector.⁴ These surveys were designed to:

- examine the relationship between the sector and the department;
- identify the quantity and quality of interactions; and
- explore the cultures and the values of both the Department and the organisations it funds.

A number of changes have influenced the partnership agenda as it has evolved and matured. These changes have included:

- an increased complexity of service delivery;
- increased expectations by the community;
- increasing focus on whole of government approach;
- state machinery of government changes;
- new Federal Government directions; and
- the Victorian Government's Action Plan: Strengthening Community Organisations,⁵ and the subsequent establishment of the Office for the Community Sector.

³ Human Services Partnership Implementation Committee, 2004, Collaboration and consultation protocol for the Department of Human Services and the health, housing and community sector, Department of Human Services, Melbourne.

⁴ Department of Human Services HSPIC surveys: In 2003, the response rate for sector organisations was 31 per cent. In 2005, the response rate for sector organisations was 42 per cent or a total of 1,007 sector organisations responded. The response rate for DHS Partnership staff was 50 per cent or a total of 314 staff in 2005 that completed the DHS Staff Partnership Survey.

⁵ Department of Planning and Community Development, April 2008, The Victorian Government's Action Plan: Strengthening Community Organisations, Melbourne, Victorian Government.

These changes were the impetus for HSPIC to seek a different evaluation approach in 2008; one that would elicit more qualitative information on the partnership. HSPIC was interested in conducting a qualitative, 'real life' partnership assessment, at a local and regional level and learn from the partnerships and from the partnering experience.

The following sections outline the process undertaken, survey results and learnings for further consideration and action.

Partnership defined

There are many varied definitions of partnership and no one agreed definition of what is exactly meant by 'partnership'.

The health, housing and community sector in its Partnership Agreement 2005 with the Department of Human Services makes reference to the partnership as a working relationship that:

... share(s) an overriding common objective, which is to achieve best possible outcomes from the provision of services to the people of Victoria ... through an agreement of the vision, values and goals which the department and funded organisations hold in common, and to support a shared approach to developing more effective working arrangements between the department and the sector it funds.⁶

For the purpose of attracting participants to the partnership workshops, partnership was defined practically as '... having a formal agreement, for example a memorandum of understanding, terms of reference, or partnership agreement, with more than one agency and has a service delivery focus'.⁷

Definitions by workshop participants

As an introductory focusing exercise, participants were asked at the beginning of each workshop to define a partnership. The following responses from the Loddon Mallee Region Workshop provide examples of the responses:

'They are about working collaboratively with another service.'

'It's an agreement between agencies to achieve outcomes.'

'They can be formal ... and forced ... or informal ...'

'It's a structure to bring benefits to clients ...'

⁶ HSPIC, 2005–08 Partnership Agreement, Department of Human Services, p.3 (Department of Human Services Partnership in Practice)
<http://www.dhs.vic.gov.au/__data/assets/pdf_file/0018/160524/final-partnership-agreement-05-08.pdf> [Accessed 26.01.09] .

⁷ Invitation to Partnership Assessment Workshops sent out by Department of Human Services and VCOSS.

Partnership context

Since 2000 partnerships and networks in Victoria have continued to emerge as the conduit for service provision. They have emerged through an increasing number of integrated service delivery reforms and approaches across sector organisations and the department. These include Primary Care Partnerships (PCPs), Integrated Family Violence Services, Child FIRST, and local area service networks for housing.

In partnerships and networks emphasis is placed on increased cooperation and collaboration in the planning and service delivery by organisations to achieve improved service system coordination. This approach can bring significant benefits to the integrated planning of policy, procedures and systems, which are in the best interests of those accessing services.

Other partnerships operate across government departments, within the sector and with the community, voluntary and business sectors. For the purposes of the evaluation and this report, only those partnerships funded by the department were considered.

Partnership evaluation

An approach

Evaluating partnerships is challenging due to a range of factors. These include:

- the time it takes for achieving impact;
- different perspectives on what success means;
- the complexity and variability of partnership interventions; and
- the different contexts within which partnerships occur.⁸

There are varying degrees of evaluating partnerships. Some partnerships evaluate their own work, some evaluate the function of the partnership with process measures and some evaluate using the outcomes from the partnership.

This evaluation project has focused on how the partnerships themselves were functioning and did not evaluate outcomes. The aim of this evaluation was to review the quality of the partnership and how the partnership functioned, rather than assessing the effectiveness of, or outcomes from the specific program or service model.

Under the auspice of the Human Services Partnership Implementation Committee, two previous statewide surveys were undertaken in 2002 and 2005 to gauge levels of satisfaction with the partnership between the Department of Human Services and the health, housing and community services sectors.

An external company was contracted to develop and administer a survey. An online survey was developed for the Department of Human Services staff to complete, and a self-administered survey was developed for community sector

⁸ Boydell, L., 2007, *Partnerships: A Literature Review*, Institute of Public Health in Ireland, Dublin, p. 3.

organisations and mailed out. The survey was designed to examine the relationship between the department and the sector, identify the quantity and quality of interactions, and explore differences between the cultures and values of the department and the organisations it funds. The report can be accessed through the Department of Human Services web site. These surveys were not referenced for this report.

It was agreed that an alternative approach would be utilised in 2008 to elicit more qualitative information. This reflects the increasing number of partnerships between and across CSOs and the department. It also reflects:

- a desire to understand how these partnerships are working;
- how they can be improved; and
- what can be learnt and shared about them.

The revised approach was designed to maximise the use of two partnership tools — the VicHealth Partnerships Analysis Tool and the Success Works Continuum of Joint Effort Model — combined with a facilitated discussion of the strengths and challenges of partnering.⁹

⁹ Success Works, 2004, *Putting Partnerships into Practice Final Report*. Report prepared for the Department of Human Services.

Methodology

The methodology was developed and piloted¹⁰ in 2007 by the HSPIC Evaluation and Development Working Group comprising representatives from the Department of Human Services and the Victorian Council of Social Service. Coordination of the project was shared by VCOSS and the department.

This methodology included the use of the VicHealth Partnership Analysis Tool for the quantitative approach and a facilitated discussion of partnering via a qualitative approach.

Steps in the process

1. Promotional materials were developed and released through both the department's Regional Partnership Contacts and through VCOSS to various peak bodies in the VCOSS Peaks and Statewide Network Forum to maximise attendance. Refer Appendix 1 — Invitation to Partnering Assessment Workshop.
2. Prior to the workshop, participants were provided with the VicHealth Partnership Analysis Tool survey to complete. The completed surveys were analysed by VCOSS using Survey Monkey technology.
3. A two-hour workshop was co-facilitated by a VCOSS and a department representative in each of the eight Department of Human Service regions.
4. A Regional Partnership Report was compiled for each region, outlining the strengths, challenges and improvement opportunities for each region.
5. This report was developed, drawing on the regional reports and including the identification of common themes.

Partnership evaluation workshops

The objective of the workshops was to evaluate the partnering relationship between the department and the health, housing and community sector.

Format

As an introductory focusing exercise, participants were asked at the beginning of each workshop to brainstorm the following questions:

- Why do we form partnerships?
- What is your definition of a partnership?
- Following the introductory exercise, the results of the VicHealth Partnership Analysis Tool were then discussed.
- The remaining workshop time was structured around table discussion addressing four key questions:
- What have been the critical success factors for partnerships?
- What have been the barriers encountered for partnerships?

¹⁰ The methodology was piloted in late 2007 in the Hume Region and the North and West Metropolitan Region and refined as a result of participant feedback.

- What solutions have overcome the barriers?
- What emerging challenges and opportunities are there for partnerships?

The key points of the discussion were recorded and collected from each table and participants were asked to summarise the table discussion highlighting any areas of particular interest, debate and commonality.

Lastly, the Success Works Continuum of Joint Effort Model diagram was distributed and an overview was provided.



Figure 1. Grampians Region Partnership Workshop

Partnership tools

The VicHealth Partnership Analysis Tool and the Success Works Continuum of Joint Effort Model were the two tools trialled during the pilots and assessed as suitable for this methodology. An overview of the two tools follows.

Continuum of Joint Effort Model (Success Works)

The Continuum of Joint Effort¹¹ model was developed by Success Works in 2002 to explore the concepts and processes involved in joint effort and to help clarify the various options that exist in and for relationships between government and CSOs.

The model provides a framework for considering different types of partnering relationships. It highlights how not all situations require a full partnership but that it may be the relationship between CSOs or between CSOs and the department that are at the networking end of the continuum. The model suggests that only a small number of CSOs will have partnerships that develop further along the continuum to cooperating or collaborating. Finally, the model suggests that it is appropriate for partners to select and negotiate the type of relationship required, which will be dependent on the outcomes desired as the further along the continuum, the greater the level of effort and commitment that is required.

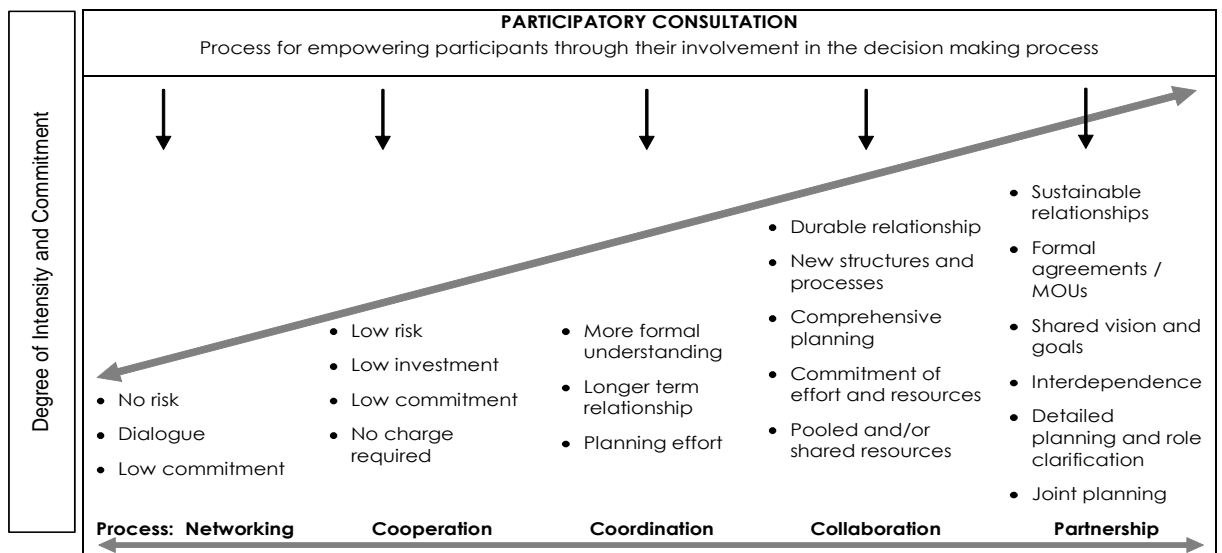


Figure 2. Continuum of Joint Effort Model diagram

¹¹ Developed by Success Works, 2004, Putting Partnerships into Practice Final Report. Report prepared for the Department of Human Services.

VicHealth Partnerships Analysis Tool

The VicHealth Partnership Analysis Tool is designed to facilitate partnerships across sectors by:

- assisting CSOs and the department to develop a clearer understanding of the range of purposes of collaborations;
- reflecting on the partnerships CSOs and the department have established; and
- focusing on ways to strengthen new and existing partnerships by engaging in discussion about issues and ways forward.

The VicHealth Partnership Analysis Tool asks partnership members to reflect on seven dimensions of partnerships. These dimensions invite responses that range from 'strongly disagree' to 'disagree' to 'not sure' to 'agree' through to 'strongly agree'.

The seven dimensions are:

- Determining the need for the relationship
- Choosing partners
- Making sure relationships work
- Planning
- Implementing
- Minimising barriers to the relationship
- Reflecting on and continuing the relationship.

Responses are totalled at the end of the tool. The highest possible total is 140. Scores are ranked according to the following three categories:

0–49 The whole idea of a partnership should be rigorously questioned.

50–91 The partnership is moving in the right direction but it will need more attention if it is really going to be successful.

92–140 A partnership based on genuine collaboration has been established. The challenge is to maintain its impetus and build on the current success.

Refer Appendix 2 for a copy of the VicHealth Partnership Analysis Tool.

Participant feedback

Participants provided feedback on the methodology used for this evaluation as learning for future reviews. The following are examples of the responses:

'Distribution, completion and analysis of the survey tool followed by the workshop was a good way to get qualitative information'

'Methodology was limited in that only get view of those who attend (snapshot or small cross section). Opportunities should be provided for people who were unable to attend to voice their learning and experiences of partnerships.'

Community organisations will play a growing role as services provided to the community become increasingly personalised and tailored to specific needs. Delivering better outcomes through collaboration between government agencies and service providers is essential to providing strong and effective community services'.

The Victorian Government's Action Plan: Strengthening Community Organisations, p. 6

'Having a range of partnerships represented was valuable.'

'Need to be more clear (sic) in application process so that people understand the kinds of partnerships that are being assessed and discussed.'

'Having DHS regional contacts set up workshops was a good idea because they have local knowledge and relationships.'

'The workshop process should link in findings from the tool a bit more. Perhaps have discussion on the seven dimensions of the tool, rather than the four general questions we used.'

Participants overwhelmingly thought the workshops were a valuable opportunity to learn more about partnerships in their region. Many participants stayed after the meeting for other networking and partnership conversations.

The eight workshops were very solutions focused in working around constraints and issues identified. In one region, an experienced partnership member reiterated the need to clarify structure and provide support to the meeting in the initial stages while the group is 'forming'.

Results

Overview

The evaluation draws on the completed survey analysis, feedback obtained from the facilitated workshops and facilitator observations during the conduct of the workshops.

There was overwhelming support for, and recognition of, the need to form partnerships between community service organisations (CSOs) and the Department of Human Services (the department) in rural and metropolitan regions to achieve increased service integration and better outcomes for people seeking support. All participants endorsed 'partnering' as a means to achieve better outcomes. All regions identified significant benefits in partnering for both individual CSOs and the broader service sector.

Participants identified a number of emerging key themes and issues that may impact on the success of the partnership if not addressed.

Participation rates

Overall attendance

Eight workshops were held in each of the department's regions, with a total of 164 participants attending from 81 different partnerships.¹²

The location of each region's workshop was chosen because it had either the largest regional office or was the 'accepted' location if only one location was offered. For example, the Barwon South West workshop was held in Geelong even though Warrnambool is more central to this region.

The location is likely to have impacted on attendance numbers for all of the workshops, particularly those in rural regions due to the travelling time required to attend a two-hour workshop. The intention was that the long lead time would provide an opportunity for partnering CSOs to schedule a partnership meeting immediately following the workshop — and this did occur for many of the workshops.

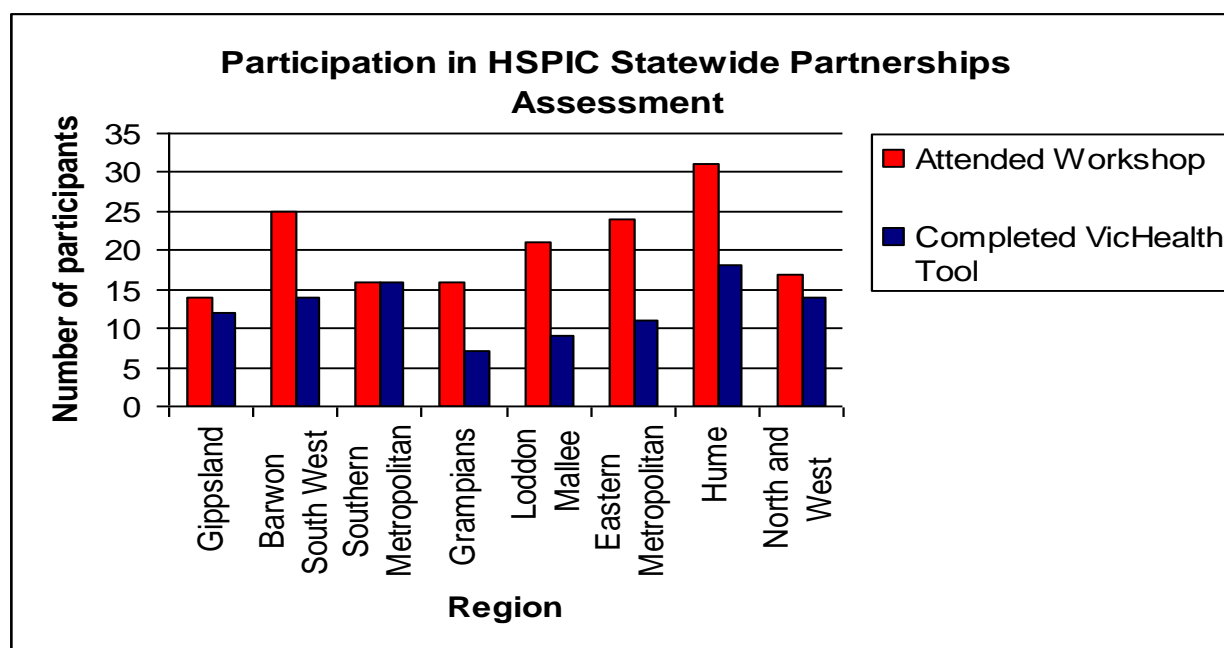
Regional attendance

An average of 20 people attended each of the eight workshops across Victoria. Table 1 below provides the participation rates at each workshop as well as completion rates of the VicHealth Partnership Analysis Tool.

The Hume Region had the highest number of participants attending the workshops. As the largest Department of Human Services region, North and West Region had the least number of participants proportionate to its size. This may have been due to a number of reasons, including poor timing, location, and conflicting work priorities.

¹² Some members represented partnerships that did not strictly meet the criteria for participation as specified in the invitation but are included in this figure as they represented local partnerships between service providers but did not have DHS involvement.

Figure 3. Participation rates at workshops by region and by completion of the VicHealth Partnership Analysis Tool



Participants

There were strong levels of participation in each of the rural and regional regions despite significant travel for attendees. This is likely to be due to the commitment by members of the respective partnerships. Such participation contributed to lively and robust discussion.

Refer Table 2 in Appendix 3 for the regional participation rates by organisation by partnerships.

The Hume Region workshop had the most partnerships represented at the workshops, with 18 in total covering 17 organisations. It is difficult to determine the factors as to why such a small region, comparative to its rural neighbours and metropolitan regions, would have such strong partnership represented. It may be due to their commitment to partnerships, their enthusiasm, good marketing, timeliness and/or interest. The Hume region being one of the pilot regions in December 2007 could also be a factor.

In Southern Metropolitan Region, 16 participants representing 16 partnerships comprising 10 organisations attended the Southern Region workshop. This was the broadest spread of participants from across organisations for any one region.

The Loddon Mallee Region workshop had 21 participants attend from six organisations and representing nine partnerships. The workshop was held in Bendigo and required lengthy travel for all participants who pooled car resources and attended together.

Both the Gippsland Region workshop and the Grampians Region workshop attracted six partnerships from seven and nine organisations respectively.

At the Barwon South West Region workshop held in Geelong, 25 participants attended. This was the second highest number followed by its rural neighbour, Hume Region, which included 11 partnerships and ten organisations.

At the Eastern Metropolitan Region workshop 24 participants attended; this included representation by 18 organisations and 12 partnerships.

Organisations		Partnerships
1. Maroonah Halfway House	17. Uniting Care	10, 11 D A Maroonah HWH/Brenda
2. Eastern Access Community Health	Harrison Community Services	8, 2, 13 B Outer East PCP
3. Anglicare Victoria	18. DHS Primary Health	11, 7, 13, 20 C Inner East PCP
4. Eastern Domestic Violence Service Inc	19. Family Access Network	2, 4, 16, 3 D E.M.R. Integrated Family Services Part Regional committee
5. Connections	20. DHS - homelessness	3, 1, 6, 5 E Anglicare/connections
6. Kara House Inc		11, 2, 14, 3 F DV FVIP - Family Violence Integration
7. Inner East PCP		2, 1, 6, 9, 11 G Homeless Assistance / Front Door
8. Outer East PCP		2, 1, 3, 15, 5 H Outer East Family Services Partnership
9. Anchor Inc		2, 1, 13, 18 I Mental Health Alliance
10. Brenda House D.V. Service		14, 6, 10, 40 J DV East Accreditation, Coord + Policy Dev Project
11. Whitehorse Community Health		6, 10, 40 K DV East
12. Wesley mission		5, 15 L Inner East Integrated Family Services Partnership
13. E.H mental health		17, 19, 7 M Creating connections
14. Women's Liberation Halfway house		
15. DHS - comm + family services		
16. Community Housing Limited		

Figure 4. Highlighting the multiplicity of partnerships represented at the Eastern Metropolitan Region Partnership Workshop. Participants were asked to identify their organisation and its links to other partnerships involving other organisations and the department.

Partnerships and organisations

There was a broad range of community sector organisations represented across each of the workshops. These ranged from large statewide multiple program organisations to very small single program and specialist organisations operating in one region.

Participants represented a variety of service areas, including:

- community health;
- mental health;
- drug and alcohol;
- family violence;
- child and family services;
- disability;
- youth;
- Indigenous;
- culturally and linguistically diverse;

- housing; and
- hospitals

Refer Table 2 in Appendix 3 for the regional participation rates by organisations by partnerships represented.

Eighteen organisational representatives attended the Eastern Metropolitan Region workshop. This was the highest number of organisations attending across the state. This is likely due to the innovative approach to the promotion of the workshops used by the Regional Partnership Contact, whereby it specifically asked four key partnerships to attend.

The VicHealth Partnership Analysis Tool results

Of the 164 participants attending the workshop, 101 VicHealth surveys were completed prior to the workshops. This represented 62 per cent of total participants.

The average score for the 101 completed tools was 96.25. This categorised the partnerships that were analysed by survey respondents in the highest of the three possible categories: 'A partnership based on genuine collaboration had been established. The challenge is to maintain its impetus and build on the current success'.

There were no partnerships ranked in the low category: 'The whole idea of a partnership should be rigorously questioned'.

Only one region had an average score in the mid category: 'The partnership is moving in the right direction but it will need more attention if it is really going to be successful'.

More than 81 partnerships believe that 'partnership based on genuine collaboration has been established. The challenge is to maintain its impetus and build on the current successes'

VCOSS analysis of participants' responses from the VicHealth Tool scoring ranking



In all regions partnerships were ranked in the middle and highest categories.

The majority of partnerships (60 per cent) were ranked in the highest category: 'A partnership based on genuine collaboration had been established. The challenge is to maintain its impetus and build on the current success'.

Highest scoring dimension

There is value in comparing the differences in scores for each of the seven dimensions of partnerships that were included in the VicHealth Partnership Analysis tool.

In all regions except one, the highest scoring dimension was the first dimension: 'Determining the need for the relationship'.

This dimension asked participants to respond to the following five statements:

- There is a perceived need for the relationship in terms of areas of common interest and complementary capacity.
- There is a clear goal for the partnership.

- There is a shared understanding of, and commitment to, this goal among all potential partners.
- The partners are willing to share some of their ideas, resources, influence and power to fulfil the goal.
- The perceived benefits of the relationship outweigh the perceived costs.

In the region that was the one exception, the highest average score was the fifth dimension: 'implementing', which includes statements such as:

- 'Processes that are common across members such as referral protocols, service standards, data collection and reporting mechanisms have been standardised.'
- 'There is an investment in the relationship of time, personnel, materials or facilities.'
- 'Management rewards reciprocity between organisations.'
- 'The action is adding value (rather than duplicating services) for the community, clients or the members involved in the relationship.'
- 'There are regular opportunities for informal and voluntary contact between members of the relationship.'

Lowest scoring dimension

In four out of the eight regions, the dimension that received the lowest average score was the sixth dimension: 'Minimising barriers to relationships.' This dimension included the statements that:

- 'Differences in organisational priorities, goals and tasks have been addressed.'
- 'There is a core group of skilled and committed staff that has continued over the life of the relationship.'
- 'There are formal structures for sharing information and resolving demarcation issues.'
- 'There are informal ways of achieving this.'
- 'There are strategies to ensure alternative views are expressed within the relationship.'

Of the remaining four regions two regions scored: 'Reflecting on and continuing the relationship' as their lowest dimension. 'Planning' and 'implementing' were the lowest scoring dimensions in one region apiece.

Limitations of results

The completion rate of 101 out of 164 surveys is statistically significant and provides a valuable snapshot of the value, strengths and challenges that both community sector organisations and the department view partnerships as having. It is important to note that the scores are averaged across the breadth of partnerships represented.

The variables on how people 'perceive' the partnership was dependent on a broad range of factors. These included staffing levels in an organisation or department,

partnership experience and current issues impacting on the organisation that may temporarily influence the view of how well the partnering is going. Examples of temporary influences are a tendering process or negotiating a variation to service funding.

The lack of clarity regarding the instructions on how to complete the tool was identified by participants in the workshops as an issue. In some cases, people completing the tool were not clear about which partnership they were basing their analysis on and some chose to reflect on a relationship between two organisations – often the department and a CSO – rather than a formal partnership.

Participants who registered to attend the workshops were sent the survey to complete. In some instances, the participants who attended the workshops confessed that they attended as an 'induction' opportunity to the partnership agenda and therefore could not adequately 'assess' how the partnership was faring from their perspective or for their organisation. This may have impacted on the surveys overall positive results as participants were less likely to criticise something of which they are not yet cognisant.

Finally, a few participants from each region attended the workshop without completing the survey. Additionally, some participants who registered had not completed the tool and did not submit a completed survey.

Workshop discussion

As an introductory focusing exercise, participants were asked, 'Why do we form partnerships?' There were a range of responses to this question, an overview of which included:

- It was beneficial to people accessing services and organisations.
- It was an effective use of resources.
- It provided sharing of knowledge.
- It mandated for inclusion in decision making.
- Partnering was good practice because it brings a range of expertise to the table.
- Partnering provided good modelling.
- Partnering replicates coordinated care.

Participants at all workshops were able to identify more benefits to partnering than challenges or constraints. This was evidenced by the speed of the responses and the number of whiteboard entries. Responses included:

- the exchange of information;
- skill development;
- support between members; and
- generation of ideas.

A summary of the combined results against the following key questions is provided in the following section:

- What have been the critical success factors for partnerships?
- What have been the barriers encountered for partnerships?
- What solutions overcome the barriers?
- What emerging challenges and opportunities are there for partnerships?



Figure 5. Southern Metropolitan Region Partnership Workshop

Themes

From the table discussions and comments provided, a number of common themes emerged across all regions.

Governance structure

Participants commented that the governance body overseeing the operations of any partnership was critical to its sustainability and continuity. A good governance structure was seen to be one that:

- promoted a common understanding of partnership;
- had a structure where partners have a shared documented vision, a unity of purpose and a desire for effective outcomes for Victorians accessing services; and
- partners have equal say and responsibility and where one partner is required to have leadership this is documented and facilitated as part of the structure.

'Outlining clearly in the Terms of Reference or the Memorandum of Understanding areas of responsibility, including processes for grievances or for conflict resolution, assists the partnership in the longer term.'

*Participant, North and West
Metropolitan Region Partnership
Assessment Workshop*

Participants reiterated the need for partnerships to have clear and well documented structures with clearly defined roles and accountabilities for members. Examples cited included a Memorandum of Understanding (MoU) and Terms of Reference (ToR) for the executive and operational working groups.

Also identified was the need for mechanisms for communication, for identifying issues and for strategies to resolve problems.

Feedback also indicated that there should be a balance between formal and informal processes.

Partnerships identified by participants that have strong structures included:

- Primary Care Partnerships;
- Child FIRST Alliances; and
- Integrated Family Violence Services.

Membership

Participants discussed the importance of origins of the partnership and how this could impact on the partnership's performance. There was a sense that prescribed partnerships can struggle due to limited choice of membership options; thereby bringing together partners who lack common approaches and ways of thinking.

A range of factors were identified as contributing to the effective partnerships. Consistency of membership from an organisational and individual level was identified as important for maintaining the connection and momentum between and across partnership members. Also critical were the skills, knowledge and experiences of the membership that were seen as able to 'make or break' a partnership. There was a recognition that one person can make a significant difference to the success of the partnership. The personality of members also

played an important role in maintaining partnerships, particularly if the person helped drive the agenda. The fragility of partnerships was noted if the 'leader' left the partnership or was not a strong and motivating influence. Isolation of some organisations meant that they were not able to participate equally in the prescribed partnership structures which in turn may have impacted on equity of access to services for their constituents. Equally the partnership could, where done well, reduce the isolation of individuals working in satellite situations.

Partnership and funding

Throughout the workshops two issues emerged:

- the Department of Human Services' central and regional role in partnering; and
- participants saw a distinction between the role played by the department at a central level compared with the role at the regional level, which was seen as more operational.

The importance of this 'internal partnering' role within the department was emphasised by external CSO participants as requiring a strong connectedness between communicating policy directions and those undertaking the operations of the partnering activities in the sector.

Participants identified a 'disconnect' at times between the integration intent of the partnership and the reality of how this was set in operation through the partnership.

Relationship management versus accountability

Participants from both the sector and department discussed the dilemma when the department's staff are a member of a partnership and have a contractual and monitoring role.

Many of the Program and Service Advisers (PASAs)¹³ attending the workshops — ranging from one to four PASAs per workshop — identified this dilemma and the difficulty with their participation in the partnership, particularly around decision making and 'authority.' The expectation by CSOs that PASAs have critical and specialist partnership skills to navigate this process was assumed but not always as clear for the PASAs as well as not all having the required skills.

Some of the PASAs present identified their role as a 'partnership' with their CSOs and others were clear that their role was not as straightforward as this. Several participants noted that ongoing support and training was required on the partnership agenda. PASAs described this as attempting to manage accountability, funding and outcomes across a multi-layered network of auspice organisations (such as a partnership).

¹³ 'Program and Service Advisers (PASAs) are responsible for collaborative relationships and contract monitoring of organisations in order to continually improve the service system outcomes for the benefit of clients.'(Department of Human Services, 2005).

Working with other government departments

This evaluation methodology was limited to partnerships between the department and community sector organisations. The sector also partner with other government departments at both the state and commonwealth level. Most participants were able to provide examples of other partnerships or identify other formal relationships with a range of government departments. Examples included: Problem Gambling, Financial Counselling and Victims Support, Family Violence Partnerships, the Department of Justice; Early Childhood, and the Department of Education and Early Childhood Development.

Participants identified a lack of consistency between partnering models across the Victorian Government. This included partnership structures, levels of funding, resourcing, expectations and reporting. Participants suggested more work was required to link or integrate partnership initiatives at a local, regional and state level to avoid duplication.

Partnership resourcing

All workshop feedback identified the role of resourcing the partnerships as a cost, both financial and non-financial, that needed to be planned for. The resourcing should be considered from the establishment of the partnership as well as throughout the life of the partnership, particularly around partnership maintenance and development.

Examples included costs associated with administrative support (agendas, minutes and overall coordination and resources for project work), joint actions, initiatives, planning and evaluation. Those who were members of a partnership with a paid manager, executive officer or coordinator all believed that the partnership would not be able to function effectively without this role.

Other costs included scheduling the time to participate, build and maintain relationships, and time to understand and promote the partnership.

Several participants suggested that time spent on partnerships should be built into the cost of service in the Funding and Service Agreement (FASA).

Partnership skills

A critical factor identified for effective partnerships was the importance of key skills. These include skills such as communication, judgement, discretion, competence, leadership, negotiation and an understanding of different partnership roles. Participants identified the importance of a partnership skill set as one of the determining factors for success.

Participants described the emergence of a new role, the 'partnership broker'. This role is dedicated to supporting the partnership and in some partnerships is undertaken by external consultants. This model can be both expensive and short term and does not necessarily involve the transfer of skills within the partnership.

Trust has been identified as 'a critical feature of collaborative relationships between organisations'.¹⁴ Key features of trust include competence, judgement,

¹⁴ Walker, R. (2000) Collaborations and alliances: A review for VicHealth. Melbourne, VicHealth.

discretion, openness, loyalty, integrity and interpersonal competence — elements that have been identified as critical partnership skills.¹⁵ This was reinforced by participants.

Smaller organisations in all regions that attended the workshops commented on the need to be heard in the partnership meetings:

'Our voice gets lost'

'We have to remind them that just because we are small, doesn't mean we have no punch'

Participants emphasised the importance of communication skills within partnerships, as they are critical in strengthening and maintaining the partnership.

Partnerships between organisations

Several comments focused on the interactions between different sized community sector organisations as members of partnerships and the 'power imbalance' between different sized organisations. This was described as larger organisations 'dominating the partnership agenda.'

This view is reflected in research that highlights: 'An inequitable distribution of power is one of the main characteristics that distinguish partnerships between the public and third sector from partnerships involving other sectors.'¹⁶

The larger organisations often provide resources — sometimes funded by the department and sometimes not — and support to the partnership such as administrative support, agenda and meeting minutes. Some participants saw this as partnership 'dominance' of smaller organisations that may not have similar infrastructure to provide the support.

Another issue identified was the 'culture fit' for different CSOs coming together. Participants discussed the struggle between organisations where there were fundamental philosophical differences or where members did not appreciate cultural differences between organisations.

Examples of how members responded to potential power and capacity imbalances included:

- allowing for different levels of participation;
- acknowledging the strength of smaller organisations;

¹⁵ Taken from a paper written by T. Clarke, 2007, PASA, BSW DHS, 'Network management in the Department of Human Services — Knowledge and Skills for Program and Service Advisers,' From a paper written as part of a Masters of Public Policy and Management.

¹⁶ Carson, E. and Kerr, L., 2006, 'Evaluating government/third sector partnerships in Australia', refereed conference paper, *Governments and Communities in Partnership: From Theory to Practice* Conference hosted by Centre for Public Policy, University Of Melbourne Australia, September 2006.

- large organisations supporting (mentoring) smaller organisations;
- rotating venues for meetings; and
- maximising the use of systems and information technology.

Reviewing and mapping partnerships

Reviewing, evaluating and streamlining partnerships were consistent themes across all regions. Participants felt it was important to regularly review their membership and the progress of the partnership as it evolved.

As priorities or focus points changed, participants had found it was necessary to review the membership and also the structures of working groups. Many referred to the partnerships having a lifecycle which should be accommodated by a flexible and adaptive approach.

The term 'partnership fatigue' was discussed as the point where members of a partnership have become fatigued by:

- the number of organisations involved;
- the duplications of partnerships they are involved in; and
- the time required to resource the partnership.

The question was asked, 'What happens when partnering fails?'

In addition to an internal stocktake of partnership activities and membership, participants referred to the more challenging matter of mapping the number of partnerships that exist in a region. There were considerable overlaps in membership of partnerships in some areas. There was a strong view from the workshops that regional mapping of partnerships would provide the opportunity for a rationalisation of partnerships and minimise duplication. However, time, skills and a lack of resources were identified as constraints to undertaking this.

Mapping the partnership

There is a need to map and review existing partnerships to establish what is already present before creating another partnership.

*Participant, North and West
Metropolitan Region Partnership
Evaluation Workshop*

Tyranny of distance

Constraints caused by distance and travel time were mentioned much more frequently in rural regions. Whilst participants could see the benefits of participation, balancing competing priorities required members to make choices about where to best allocate their time. Factoring in additional travel time made choices to participate in partnership meetings more difficult.

The importance of face to face meetings was identified by a significant number of members across all regions who noted that it was impossible to conduct partnerships by email, telephone or video-conferencing in the initial stages of the partnership. Human contact was critical, and the distance to join regular ongoing meetings was a challenge. Members spoke of 'prioritising' this within their organisation: 'we've made the decision to prioritise our attendance at these meetings.'

Other factors for partnerships

There was a high level of consistency between participants, between regions and between CSOs regarding the range of success factors that were identified for partnerships. Successful partnerships were seen to have a range of common components, including:

- shared vision and goals;
- trust;
- similar philosophical base;
- respect for and understanding of differences between members;
- equality and mutual accountability that allows for balanced involvement and shared workload between partners;
- a clear purpose for working together and links with other programs;
- a commitment to the partnership and a desire to succeed across all levels of membership;
- clear roles and responsibilities for all members;
- communication that is two way and transparent;
- systems for managing difficulties and challenges;
- agreed evaluation and reporting mechanisms;
- having the right people at the table with suitable knowledge, authority and expertise;
- sufficient resources, including time and skills for the partnership and for members to participate;
- efficient and effective use of resources;
- follow through on actions by all members;
- flexibility and allowance for informal practice; and
- partners having a history of working together.

The factors identified were consistent with other research into partnerships.¹⁷

¹⁷ Seddon et al. (2008) *Sustaining effective social partnerships*, A National Vocational Education and Training Research and Evaluation Program Report, Australian Government, Australia; Pope, J. & Jolly, P., 2008, *Working in Partnership: Practical advice for running effective partnerships*. Department of Planning and Community Development. Melbourne, Australia; Hill, R. 2007, *Cross-sector Partnerships in a Crime Prevention Context*, Agora Thinktank, Melbourne, Australia. Hill, R. Cross-sector Partnerships in a Crime Prevention context, pp. 9–10. Boydell, L. (2007) *Partnerships: a literature review*, The Institute of Public Health in Ireland, Dublin, Ireland, pp. 6–7.

Opportunities for strengthening partnerships

At the conclusion of each regional workshop, each table was asked to identify the key points, ideas or areas for improvement. Analysing the list of responses revealed a clustering of themes regarding:

- linking and connecting partnerships;
- partnership structure; and
- increasing the skills and resources needed for partnerships.

Linking and connecting partnerships

Recognising that many community service organisations work with two or three levels of government and this provides a unique opportunity to structure and coordinate partnerships at the regional level where policy and operations are working hand in hand. Comments indicated a high level of support for service planning across jurisdictions as partnering activities continue to grow.

Specific opportunities for improvement included:

- Develop methods, process and structures for different partnerships to communicate more effectively with each other to improve inter-sector planning.
- Streamline partnerships that overlap with the aim of rationalising the number of meetings and members' time and resources.
- Provide more coordination for the range of partnerships or reconfigure the existing partnerships to be more streamlined.
- Ensure local partnerships are represented on statewide groups.
- Consider how local partnerships accommodate other state and federally funded initiatives.
- Strengthen regional partnerships through the current structures and by taking opportunities to strengthen regional partnership planning and development.
- Involve CSOs early in partnership planning, activities, establishment and developments.
- Maximise the existing partnerships to deliver new programs or change service delivery approaches rather than starting again.

Ways partnerships are structured

Other opportunities for improvement focused on the way partnerships are structured and the skills and resources that partnerships require. Partnerships were recognised as working best when supported by clear structures, roles and responsibilities to promote the partnership agenda. Early clarity regarding the roles of all members and the terms of the partnership was voiced by participants as a requirement of a good partnership. In circumstances where the roles and responsibilities were not clear, participants at the workshops considered a review of the partnership structures necessary to ensure that members were aware of their roles and responsibilities. Improved governance arrangements were viewed as being achieved by having structures that included clear communication

structures, decision-making processes as well as a review and grievance process. These processes and structures were seen as indispensable should aspects within the partnership not progress as expected.

Participants at different points also commented on the value of reviewing the membership of the partnership to ensure that the right people are participating and that these people have the adequate time and resources to participate.

Participants believed that the partnerships should remain focused on their original vision as well as having the flexibility and openness to be able to respond and encompass new developments and opportunities.

Increasing skills and resources needed for partnerships

Participants recognised that the primary purpose for a partnership is to provide better outcomes for people accessing support services. Partnerships are necessary because they provide opportunities to share resources, knowledge and expertise. They allow for new service models to be designed through better coordination and enable outcomes that would not otherwise have been achieved. This reflects a new set of proficiency that is needed across both the sector and in government specific to partnerships. The skill set involves being able to encourage and nurture relationships in order to build trust and harmonise agendas, processes and structures. Key skills required also include:

- sophisticated communication skills;
- judgement;
- discretion;
- leadership;
- negotiation;
- the ability to manage resources;
- an understanding of different partnership roles; and
- being a partnership broker.

The partnership role involves the capacity to review the membership and resourcing of partnerships to ensure the right people are participating and that they have adequate time and resources to do this. The partnership role requires people to be skilled in current information technology, for example, telecommunication and teleconferencing.

Recommendations

There has been much learning for the partnership members in the health, housing and community sector and the Department of Human Services in the past few years.

This report forms a valuable link identifying key factors for effective partnering and forms a strong foundation upon which more work can be undertaken.

Participants throughout the workshops provided ideas and suggestions for possible future work and these have been included below for further consideration.

Four recommendations have been identified that continue to build on the learnings gained to date.

Map partnerships across regions and departments

Partnerships vary significantly in their:

- governance and accountability arrangements;
- staffing structure (appointed staff or time contributed solely by network members);
- control over financial resources; and
- the degree to which they are mandated by the department or have developed as a community-based initiative.¹⁸

Mapping the partnerships by region, identifying the plethora of partnering activities (such as, meetings and forums) and establishing the linkages would provide a thorough analysis of the level of integration within a region, possible gaps as well as avoid possible duplications and save time.

Recommendation 1

Undertake a regional and program mapping (or stocktake) of the partnerships across whole of government:

- to identify the breadth of current partnering activities (such as, alliances and networks);
- to establish the linkages, possible integration opportunities; and
- to rationalise gaps and future planning processes.

¹⁸ From a paper written by Toni Clarke, BSW DHS titled, 'Managing Strategic Alliances in the Human Services' p. 3

Develop a resource library

There has been a significant amount of development work undertaken by existing partnerships that could be pooled and made available on the internet or through VCOSS as a repository for partnership documentation. Examples of material that could be included are:

- structure options to suit different partnering arrangements;
- member roles and responsibilities statements;
- examples of governance structures;
- meeting minutes;
- Memorandum of Understanding (MoU) examples (simple and complex ones); and
- Terms of Reference examples to match the structure (such as, executive and operational working groups).

The development of partnership checklists, templates and tools could also be provided.

A key role that is emerging and one that could be further promulgated is the role of the 'partnering broker' or identifying 'people resources' who are experienced within the sector who could provide timely advice to new and existing partnerships within regions.

Similarly, building up capacity of skilled speakers (from within HSPIC and the sector) who understand the Victorian context and can provide direction to partnership (rather than outside experts) could also be provided.

Recommendation 2

Collate existing resources on partnering tools and information collected to date through this project (and other information) and upload to the FAC, the VCOSS and the Department of Human Services websites.

This may include:

- governance structure options to suit different partnering arrangements (such as, lead arrangements, subcontracting and informal consortia);
- member roles and responsibilities statement;
- meeting agendas;
- Memorandum of Understanding (MoU) examples (simple and complex ones);
- Terms of Reference examples to match governance structures (such as, executive and operational working groups), including case studies from Child FIRST and PCPs; and
- continue to develop partnership tools such as, checklists, templates and processes and upload these as they become available.

Invest in strengthening partnership skills

The development and strengthening of key skills for partnership members such as chairing responsibilities and behaviour and networking skills, such as:

- structural skills — aligning the goals of the partnership and network with the structure, governance, size and composition;
- network management skills — facilitation, communication and persuasion;
- boundary spanning skills; and
- identifying and responding to network success and risk factors.
- Information and training might involve the following mechanisms:
 - communities of practice (a group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly);
 - breakfast or lunchtime seminars; and
 - half-day and one-day training sessions or forums.

Recommendation 3

Coordinate a calendar of partnership information and training opportunities for current and future members of partnerships across relevant topics involving members as speakers and facilitators.

Topics may include:

- the partnership governance options;
- the role of the chair and the chair's responsibilities;
- networking skills (facilitation, communication and persuasion); or
- partnership leadership.

A continued role for HSPIC

Partnership activities require a champion that supports and steers the activities of a sector, membership or program. HSPIC as a joint governance group for key projects between department and the sector is ideally placed to continue the partnership agenda. Its role in the future, as partnerships evolve over time, will be invaluable in capturing the learnings, identifying further challenges and advocating for integrated service models that are well supported and resourced.

Recommendation 4

Identify partnership tasks to be undertaken as part of the HSPIC work plan that will build on the learnings to date and further strengthen the knowledge base and skills within the Victorian context.

Appendices

- 1. Invitation to Partnering Assessment Workshop***
- 2. VicHealth Partnership Analysis Tool***
- 3. Regional participation rates by organisation and by partnership represented***

1. Invitation to Partnering Assessment Workshop



Partnership in Practice

Invitation

Partnering Assessment Workshop

(Auspiced by the Human Services Partnership Implementation Committee)

A 2 hour workshop to discuss and learn from the partnership relationships and related activities within your region.

If you are a member of a partnership that includes DHS and other community service organisations (CSOs), we'd like to hear from you

Who should attend?

Staff at all levels who are members of CSO & DHS partnerships in the region - More than one member of the partnership is encouraged to attend.

(Partnerships are defined as having a formal agreement, e.g. MOU, Terms of Reference, Partnership Agreement with more than one agency and has a service delivery focus)

Why attend?

The workshop will provide:

- An opportunity for you to share your views and experiences of DHS and CSOs partnering arrangements
- A range of perspectives on partnerships and information on other partnerships in the region
- A regional report for all participants outlining the partnering strengths and opportunities for improvement as an outcome from the workshop
- Information for future partnership planning through the final state-wide assessment summary report for the Human Services Partnerships Implementation Committee
A good practice resource of successful partnering

For catering purposes, dietary requirements and further information contact Tanya at VCOSS on 9654 5050 or email tanya.nikolovski@vcoss.org.au

Accessibility assistance, inc. Auslan interpreters and attendant carers can be made available at the workshop. Printed information provided on the day can also be made available in an accessible format.

Time:

11am-1pm

Date:

20 May 2008

Venue:

Quality Inn Latrobe
Convention Centre
5601 Princes Highway
Traralgon VIC 3844
Ph: 5173 7500
(Melways Ref: 342
B10 or 98A5)

Registration of interest by:

13 May 2008

Email to:

tanya.nikolovski@vcoss.org.au

Once participation is confirmed, participants will be asked to complete an on-line partnership analysis survey (15 mins) prior to the workshop for the partnership you are representing

More information

Carolyn Wallace
(VCOSS)
9654 5050

Trish Berry
(DHS)
9096 8420



Partnership in Practice

Information Summary – Workshops to assess the partnering between DHS and health, housing and community services

Background

The 2002 and 2005 Partnership Agreements between DHS and health, housing and community services have both contained a commitment to assess the partnership relationship.

Human Services Partnership Implementation Committee (HSPIC)

The 2005-2008 Partnership Agreement is monitored and reviewed by the Human Services Partnership Implementation Committee (HSPIC) which has representatives from DHS and sector organisations, including the Victorian Council of Social Service (VCOSS). HSPIC identifies and responds to opportunities to improve the partnering between DHS and the health, housing and community services.

Partnership Surveys

Under the auspice of HSPIC two previous state-wide surveys were undertaken (in 2002 and 2005) to gauge levels of satisfaction with the partnership

<http://www.dhs.vic.gov.au/pdpd/partnership/html/publications.htm>

2008 Assessment -approach

- HSPIC made a decision to use an alternative method to focus the assessment on partnering between DHS and sector .
- 2007 HSPIC working group established
- Methodology uses the VicHealth Partnerships Analysis Tool and a facilitated discussion of the strengths and challenges of partnering
- Emphasises a quality improvement approach through highlighting areas for partnerships to continue developing and promoting organisational learning

- Methodology piloted from September-December 2007 in the Hume and North and West Regions, further refined by the HSPIC auspiced working group
- Implementation between May – August 2008
- Prior to the workshop participants will be required to complete and submit the VicHealth Partnership Analysis Tool (completion takes approximately 10 minutes). The workshop will run for 2 hours.
- Workshops to be facilitated by a member of the DHS Partnership Team and the VCOSS Human Services Policy Officer.

Implementation

1 Workshop in each DHS Region

- Coordinated through Partnerships Unit and regional partnerships contacts
- Invitation to participate to be made to formal DHS-CSOs partnerships (defined as having more than one agency involved and a formal agreement e.g. MOU, Terms of Reference, Partnership Agreement)
- Workshop numbers limited to a maximum of 30 participants (across all service types)

Report

- A report for each region will be sent to all workshop participants and the regional office and will provide information for local partnership related improvement opportunities
- A final overarching report will be developed for HSPIC
- HSPIC endorsed report will help inform future corporate partnership planning (aligned with WOVG developments)

More information

Carolyn Wallace

Human Services Partnership Policy Officer
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carolyn.wallace@vcoss.org.au

Monday – Wednesday

Trish Berry

Manager - Partnerships

DHS

9096 8420

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Monday-Thursday

2. VicHealth Partnership Analysis Tool

This tool is designed to facilitate partnerships across sectors by:

- assisting organisations and DHS to develop a clearer understanding of the range of purposes of collaborations
- reflecting on the partnerships organisations and DHS have established and
- focusing on ways to strengthen new and existing partnerships by engaging in discussion about issues and ways forward

<http://www.vichealth.vic.gov.au/en/~media/ResourceCentre/PublicationsandResources/General/VHP%20part%20tool%20res.ashx>

Rate your level of agreement with each of the statements below, with 0 indicating strong disagreement and 4 indicating a strong agreement.

	0 <i>Strongly disagree</i>	1 <i>Disagree</i>	2 <i>Not sure</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
1. Determining the need for the relationship					
There is a perceived need for the relationship in terms of areas of common interest and complementary capacity.					
There is a clear goal for the relationship.					
There is a shared understanding of, and commitment to, this goal among all potential partners.					
The partners are willing to share some of their ideas, resources, influence and power to fulfil the goal.					
The perceived benefits of the relationship outweigh the perceived costs.					
TOTAL					
2. Choosing partners					
The partners share common ideologies, interests and approaches.					
The partners see their core business as partially interdependent.					
There is a history of good relations between the partners.					
The relationship brings added prestige to the partners individually as well as collectively.					
There is enough variety among members to have a comprehensive understanding of the issues being addressed.					
TOTAL					

3. Making sure relationships work						
The managers in each organisation support the relationship.						
Partners have the necessary skills for collaborative action.						
There are strategies to enhance the skills of the relationship through increasing the membership or workforce development.						
The roles, responsibilities and expectations of partners are clearly defined and understood by all other partners.						
The administrative, communication and decision-making structure of the relationship is as simple as possible.						
TOTAL						
4. Planning						
All partners are involved in planning and setting priorities.						
Partners have the task of communicating and promoting the coalition in their own organisations.						
Some staff have roles that cross the traditional boundaries that exist between members.						
The lines of communication, roles and expectations of partners are clear.						
There is a participatory decision-making system that is accountable, responsive and inclusive.						
TOTAL						
5. Implementing						
Processes that are common across members such as referral protocols, service standards, data collection and reporting mechanisms have been standardised.						
There is an investment in the relationship of time, personnel, materials or facilities.						
Management rewards reciprocity between organisations.						
The action is adding value (rather than duplicating services) for the community, clients or the members involved in the relationship.						
There are regular opportunities for informal and voluntary contact between members of the relationship.						
TOTAL						

6. Minimising the barriers to relationships						
Differences in organisational priorities, goals and tasks have been addressed.						
There is a core group of skilled and committed staff that has continued over the life of the relationship.						
There are formal structures for sharing information and resolving demarcation disputes.						
There are informal ways of achieving this.						
There are strategies to ensure alternative views are expressed within the relationship.						
TOTAL						
7. Reflecting on and continuing the relationship						
There are processes for recognising and celebrating collective achievements and/or individual contributions.						
The relationship can demonstrate or document the outcomes of its collective work.						
There is a clear need and commitment to continuing the collaboration in the medium term.						
There are resources available from either internal or external sources to continue the relationship.						
There is a way of reviewing the range of partners and bringing in new members or removing some.						
TOTAL						

Aggregate Score TOTAL

Determining the need for a relationship						
Choosing partners						
Making sure relationships work						
Planning						
Implementing						
Minimising the barriers to relationships						
Reflecting on and continuing the relationship						
TOTAL						

Checklist Score

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

3. Regional participation rates by organisation and by partnership represented

GIPPS	Organisations represented	Partnerships represented
1	Mental Illness Fellowship	South Coast Child and Family Service Partnership
2	Quantum Support Services	Gippsland Family Violence Alliance
3	Bairnsdale Regional Health	Bairnsdale Regional Health Service Department and Monash University
4	Yooralla	East Gippsland Primary Care Partnerships
5	Orbost Regional Health	Victoria Person Centred Services/EW Tipping Foundation
6	EW Tipping Health	Gippsland Early Childhood Intervention Advisory Network
7	Kilmany Uniting Care	
8	VACCA	
	Total: 8	Total: 6
BSW	Organisations represented	Partnerships represented
1	Zena Collective	Barwon Integrated Family Services Alliance
2	Kyeema Centre Inc.	Department of Human Services, Aged Care
3	Barwon Health	Primary Care Partnerships x 2
4	Encompass Community Services Inc.	Department of Human Services Disability
5	Karingal community Living	Encompass Community Services
6	Gateways Support Services	Lara Community Centre
7	Barwon Primary Care Partnerships	Warrnambool City Council
8	Glastonbury Child and Family Services	Barwon Disability Partnership
9	Bethany Community Support	Headspace
10	Barwon Youth	Barwon Primary Care Forum G21
	Total: 10	Total: 11

SMR	Organisations represented	Partnerships represented
1	City of Greater Dandenong	Disability Partnership and Service Planning
2	Kooweerup Regional Health Service	Hanover southern
3	South East Healthy Communities Partnerships	Housing Service System Development, Mental Health Pathways
4	Jewish Care	Creating Connections
5	Wesley Do Care Southern	Disability
6	Anglicare	Alpha Autism Inc.
7	Taskforce	Primary Care Partnership Inner South East Partnership In Community and Health (ISEPICH)
8	Inner South East Partnership in Community Health	Drug and alcohol services
9	WAYSS	Department of Human Services
10	Kingston Bayside Primary Care Partnership	South East Healthy Communities Partnership
11		KB Primary Care Partnerships
12		South East Healthy Communities Partnership
13		Primary Care Partnerships
14		Primary Care Partnerships
15		Connecting Days
16		Cardinia Respite Network
	Total: 10	Total: 16

GRAMP	Organisations represented	Partnerships represented
1	Central Highlands Primary Care Partnership	Central Highlands Primary Care Partnership (x2)
2	East Grampian Health Service	Family Violence Partnership
3	Grampians Pyrenees Primary Care Partnership	Family Services Alliance
4	Child & Family Services Ballarat	Grampians Pyrenees Primary Care Partnership
5	Grampians Integrated Cancer Services	Grampians Health Alliance
6	Grampians Region Palliative Care Consortium	Wendouree Wellbeing Changing Days Project
7	Pyrenees Shire Council	
8	St John Of God Health Service	
9	Ballarat & District Aboriginal Cooperative	
	Total: 9	Total: 7

LMR	Organisations represented	Partnerships represented
1	Bendigo Community Health Service	Home and Community Care (HACC) Podiatry Model
2	Bendigo Health Care Group	Footcare Project with Mt Alexander Shire
3	Mount Alexander Shire Council	Primary Care Partnership
4	St. Luke's Anglicare	Bendigo Loddon Primary Care Partnership
5	Loddon Mallee Commonwealth Carelink Centre	Central Victoria Health Alliance (CVHA) Primary Care Partnership
6	Mount Alexander Hospital	
	Total: 6	Total: 5

EMR	Organisations represented	Partnerships represented
1	Eastern Domestic Violence Outreach Services Inc.	Maroondah HWH/Brenda House ICMI
2	Kara House Inc.	Outer East Primary Care Partnership
3	Anchor Inc.	Anglicare/Connections EMR Integrated Family Services partnership
4	Eastern Access Community Health	Regional Family Violence Committee
5	Inner East Primary Care Partnership	Anglicare/Connections
6	Family Access Network	Domestic violence
7	Connections	Inner East Primary Care Partnership
8	Whitehorse Community Health Service	Community Housing Limited
9	Brenda House Domestic Violence Service	Outer East Integrated Family Services Partnership
10	Maroondah Halfway House Group	Mental Health Alliance
11	Anglicare	DV East Accreditation, Coordination and Policy Development Project
12	Eastern Health Adult Mental Health	Maroondah HWH/Brenda House ICMI
13	Harrison	
14	Women's Liberation Halfway House	
15	Wesley Mission	
16	Family Access Network	
17	Outer Eastern Primary Care Partnership	
18	Community Housing Limited	
	Total: 18	Total: 12

HUME	Organisations represented	Partnerships represented
1	Community Options Brokerage Service Inc	Uniting Care
2	Central Hume Primary Care Partnership	Goulburn Valley Health
3	Cooroonya Domestic Violence Service Inc.	Ageing Carers Program
4	Goulburn Valley Health	Innovative Respite Options
5	Skills Innovative Training Enterprise Inc.	Upper Hume Primary Care Partnership
6	North East Health Wangaratta	Regional Accommodation Network
7	Community Support North East Wangaratta	Hume Region Early Psychosis Service
8	Berry Street	Partnership is in development and yet to be named
9	Country Care	Family Violence Alliance
10	Yarrawonga District Health Service	Primary Care Partnership
11	Lower Hume Primary Care Partnership	Regional Early Psychosis Service (HumeREPS)
12	Central Access Limited	Department of Human Services — Disability Services
13	Uniting Care Goulburn North East	GOTAFE
14	Mansfield Shire Council	Benalla & District Memorial Hospital
15	Ovens & King Community Health Service	Hume region Service Coordination Steering Group
16	Open Family Hume Region	Disability — Service System Development
17	Goulburn Valley Primary Care Partnership	Service System Development (Disability)
18		West Hume Alliance
	Total: 17	Total: 18

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Website resource

For the Institute of Public Health in Ireland refer:
<<http://www.partnershiptool.ie/index.asp>>.