# Workforce Development Pathway 2 – Effective Partnerships & Collaboration

*A recovery-oriented service ensures a broad range of service responses and shared resources and knowledge through their partnerships with consumers, carers, other teams, agencies, sectors and government.*



**Effective Partnerships and Collaboration**

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### What will you get out of this chapter?

✓ The mutual benefits of partnerships and collaboration

✓ Important things to consider in setting up partnerships

✓ How to create successful partnerships

✓ How to network

✓ Examples of good practice in partnerships and networking

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The workforce, in partnership with consumers and carers, is at the heart of achieving a recovery-oriented service system. **Collaborative recovery involves building relationships and partnerships between organisations, consumers, carers, families, workers and other stakeholders**. While there is a diverse range of services in the community mental health sector, the philosophies and values that characterise these organisations are often common across the sector. Community Mental Health Support Workers are often dealing with the same things and the same kind of issues as workers in other sectors, such as drug and alcohol or housing services. **Collaboration with other organisations, consumers and carers is important to learn from a breadth of experience and expertise that managers may not ordinarily have access to**. By forming partnerships with other organisations managers are not only strengthening the organisation, but also their connectedness to the wider community and sector. It is about thinking of the organisation and staff in relation to other services and people.

When working within a recovery framework it is important that organisations guarantee full and equal participation of people accessing the services (where desired), so that they have opportunity to be involved in all aspects of service planning, delivery and evaluation. Consumer and carer participation is about enhancing relationships between consumers, carers and service providers. This is achieved through sharing information and skills, learning from each other and using available resources to improve the mental health services and the system for everyone who works and participates in it[65].

**The task of the Mental Health Support Worker is to facilitate recovery - they do not hold the key to recovery, the individual does.**[66] Whereas consumers and carers were once expected to passively receive 'expert' interventions, in a recovery-oriented organisation they are active agents and leaders in their own recovery.[67] **The workforce is no longer expected to be 'on top';**

**they need to be 'on tap'**.[68] This partnership, or collaboration, informs recovery-oriented service delivery. Recovery emphasises the need for a community mental health system in which all parties - organisations, stakeholders, consumers, carers, workers - take responsibility for the mental health of the community and provide services in a coordinated and collaborative way.[69]

**Challenges to successful collaboration:**

- Competition with other organisations for funding, resources and staff
- Fragmentation of the sector and many organisations working in isolation[70]
- NGO funding stream is often not conducive to networking,
  i.e. funding is allocated for service provision only
- Time constraints
- Divergence of practice perspectives and organisational objectives
- Distrust between organisations and lack of goodwill to work together
- Lack of understanding of perspectives and practices
- Different levels of experience in collaborative efforts and professional training in staff
- Power differentials between consumers, carers and service providers
- Role strain

Successful partnerships are constructed at two levels - the organisational level and the individuals representing that organisation. 🖳 At an organisational level, it is important that there are structures and support in place to allow for collaboration to occur. However, it is often the individuals who become the 'champions' for partnerships and the change agent for the organisation. Individuals selected to be involved in the collaborative process need to be self-reflective, flexible in their thinking and able to see other ways of operating.[71]

## Some benefits of successful partnerships and collaborative relationships

- Shared resources
- Shared expertise
- Recovery becomes everyone's 'business'
- Professional development - unexpected learning can take place
- Promotion of recovery-oriented practices
- Working together towards common goals
- Raising the profile of your organisation or a particular issue
- Providing benchmarking for service delivery, research practices or workplace practices
- It can be a fun and innovative process
- Meeting new, interesting, like-minded people
- Chance to see something in a new light
- Shared learning
- 'Two heads are better than one' approach to tackling complex issues
- Better community engagement
- More coordinated and streamlined services
- Simplifying the consumer's path through the community mental health and other sectors
- Identify people showing early signs of mental health problems
- Better advocacy
- Less delineation between organisations and sectors, i.e. working cooperatively
- Joint funding for projects or initiatives
- Fostered social connectedness
- Less duplication of programs/services

## What is important in establishing partnerships and collaborative relationships?

The same principles and skills it takes to develop working relationships with consumers, carers and staff apply for establishing effective partnerships. Managers and Community Mental Health Support Workers already have these necessary skills and are using them as part of core business. This places them in an ideal position to initiate partnerships with a range of stakeholders. It is about approaching organisations, consumers and carers in an open and transparent way to work towards a shared vision. Partnerships do not just happen, they are built.

The following are important in effective partnerships:

- An emotional connection between stakeholders with the social purpose, i.e. **commitment** to be involved in joint venture
- Key staff involved in the collaborative process need to be compatible - allowing for a 'getting to know you' period to build **understanding and trust**
- Staff are motivated and enthused about the partnership
- Management is committed to the partnership and support staff in the partnership
- Congruency of mission and strategies
- **Shared values and philosophies**, or at least, complementary rather than opposing values and philosophies
- **Mutual respect** between agencies, consumers and carers
- **Compatibility** of core services/clients/issues
- Commitment to resolve differences by both parties and readiness to change
- Capacity building within the organisation (training/skills development) to allow for successful adoption of strategies and a true sharing of resources
- Equal participation at all levels in decision-making, i.e. **inclusiveness**
- Shared ownership and accountability - including power and knowledge
- **Good leadership**, which includes a clear division of roles
- Financial management, i.e. adequate and stable funding and budget control
- **Clear goals**, agreed upon action plans and responsibilities
- Continuous evaluation and reporting to assist with and improve upon future collaborations. Organisations are '**learning organisations**'
- Ongoing, repeated communication, that evolves with the relationship and development of systems of work – **honest and open communication**

It is important to be clear on the organisation's values and objectives before establishing partnerships to ensure there is a good fit of values. Managers and staff can reflect on the words below (and add to this list), to create a clear picture or profile of the organisation's priorities, goals, and approach to any/all of the listed areas.

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|---|---|---|
| Purpose | Self-identity | Self-determination |
| Hope | Symptom management | Best practice/quality |
| Spirituality | Stigma | Growth |
| Community | Recovery | Relationships |
| Family | Learning | Well-being |
| Empowerment | Social inclusion | Change |
| Connection | Choice | |

## How do I network?

Firstly, identify the available networks. These may include:

- Membership of professional associations
- Peak bodies
- Interagency meetings
- Other community health services
- Government agencies including Area Health Services/NSW Health
- Consumer advisory group within the organisation or link to independent consumer networks
- Carer advisory group within the organisation or link to independent carer networks

**Examples of good practice in effective partnerships and establishing collaborations:**

- Make available training calendars, meeting schedules, agendas of meetings, events, forums or conferences across the sector in the staff room or email notices
- Encourage staff to attend and present at conferences. Distribute discussion papers/ contacts if staff are interested in finding out more
- Invite other services/organisations/consumers/carers to your agency
- Encourage staff to visit other organisations to see how they do things and what could be learned from them
- Encourage staff to participate in on-line discussion groups or forums - promote web sites with useful information and links to other services. This is a feasible option for rural organisations
- Instigate inter-agency meetings if they do not already exist
- Promote research projects that your agency is undertaking or invite other organisations/ consumers/carers to become involved
- Plan morning/afternoon tea as an opportunity for staff to meet face-to-face with people they have regular phone/email contact from other organisations
- Have a joint planning day with relevant stakeholders, peak bodies, consumer, carers and staff to participate in workforce development strategic planning
- Invite a staff member/consumer/carer with expertise to give an in-house training in a particular area
- Pool resources to buy a training package and conduct joint training days/programs - this is a feasible option for rural organisations
- Create a pool of external supervisors/mentors within the sector who can be accessed on an as needs basis
- Establish a group supervision program across organisations - this could be a selected group of people from a similar organisation to your own or a group from across sectors to encourage further networking and learning. Plan to meet quarterly for exchange of ideas and discussion. This is a feasible option for rural organisations
- Engage with an organisation in a staff rotation/swap for a designated timeframe
- Research and list the existing services within your area, including contact details - make this information available to all staff, consumers, and carers, and encourage staff to contact relevant organisations and introduce themselves
- Create a database of organisations that are appropriate for within/cross-sector collaboration - that is, organisations with similar or complementary philosophies and services
- Cross promotion of projects - involve organisations/consumers/carers across the sector in individual research projects or pool resources to conduct research in partnership
- Examine existing services or projects within your organisation and commit to creating a collaborative relationship with respect to one of these areas - there will be some programs that naturally suggest themselves to networking or cross-sector collaboration - it is about harnessing these

## Building partnerships and relationships with Aboriginal Elders and Communities

Some ideas to build partnerships:

- Having Aboriginal person(s) or Elder(s) in an advisory group and as a Board member
- Promoting your organisation and services within interagency meetings - it should not always be Aboriginal people who have to seek out the existing services
- Conducting activity days (consider splitting male and female groups) – enable the Aboriginal community to decide on the activity/day etc. which gives them ownership of the idea
- Targeting young Aboriginal kids at school - this is about showing them the possibilities within community care
- Mentoring on Boards - an Aboriginal Board member would mentor a non-Aboriginal Board member, and vice versa, and they could 'sit in' on each other's Board meetings
- Developing a sound business plan with Aboriginal people and communities, possibly in a workshop setting, that has clear benchmarks and targets

**Workplace example -**
**NSW Health Family and Carer Mental Health Program - NGO Link Up**

The NGO Link Up was initiated in December 2006 and is attended by the NGO agencies of the Family and Carer Mental Health Program (Uniting Care Mental Health, ARAFMI, Carer Assist and Carers NSW). It was initiated as a forum for networking and resource sharing and to ensure state-wide consistency of the NGO side of the Family and Carer Mental Health Program. We meet monthly and this rotates across agencies. We have all found it an extremely helpful forum to share common issues/ challenges and brainstorm solutions to take back to our individual agencies for further discussion/approval. It has resulted in all parties coming to the table with a shared vision of ensuring that no matter where a family/carer lives in the state that they will have the same level of access and high quality of service, regardless of geography, culture and socio-economic status. We have found that we often think now not only in terms of how something will affect our individual agency, but the other NGO partners to the program also - this has resulted in us initiating joint professional development opportunities for program staff, discussing using common reporting formats (to make data collection easier for MHDAO), etc.