



NADA / MHCC
Partnerships Forum & Workshop
Report
9 May 2012

The Partnerships Forum and Workshop was held on Wednesday 9th May 2012 at the Australian Technology Park, Eveleigh

INTRODUCTION

The Network of Alcohol and other Drug Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW, and is primarily funded through NSW Health. NADA has approximately 100 members providing drug and alcohol health promotion, early intervention, treatment, and after-care programs. These organisations are diverse in their philosophy and approach to drug and alcohol service delivery and structure.

NADA's goal is 'to support non government drug and alcohol agencies in NSW to reduce the alcohol and drug related harm to individuals, families and the community'.

The NADA program consists of sector representation and advocacy, workforce development, information/data management, governance and management support and a range of capacity development initiatives. NADA is governed by a Board of Directors primarily elected from the NADA membership and holds accreditation with the Australian Council on Health Care Standards (ACHS) until 2014.

Further information about NADA and its programs is available on the NADA website at www.nada.org.au.

The Mental Health Coordinating Council (MHCC) is the peak body for community mental health organisations in New South Wales. Their membership is primarily comprised of community managed organisations whose business or activity is wholly or in part, related to the promotion or delivery of services for the well being and recovery of people with mental health problems and organisations that support carers and families of people with a mental health problem.

MHCC provides leadership and representation on mental health issues and supports the growth and development of the community sector to better support people with mental health problems. MHCC aims to: advocate for policy development and legislative reform; build sector capacity through partnerships, collaboration and workforce development, inform the sector on strategic directions; research, publish and report on current directions in community mental health and wider mental health and related areas. All of their work is guided by consulting with consumers, carers and other stakeholders.

More information about MHCC is available on their website www.mhcc.org.au.

BACKGROUND

NADA and MHCC have been working closely together for many years. In 2006 they formed the NGO Mental Health and Drug and Alcohol Collaboration Group with the purpose of acting as the overall coordinating and review body for mental health and drug and alcohol initiatives of NADA and the MHCC. The group facilitates NADA/MHCC joint initiatives,

explores opportunities for collaboration, and promotes knowledge and information sharing on an ongoing basis with the view to strengthen organisational capacity and further common strategic interests.

Both organisations are acutely aware that partnerships are critical to meeting the health and social needs of individuals, families and communities affected by co-existing mental health and drug and alcohol issues. However, services across sectors are challenged by how to maintain meaningful and effective partnerships to support consumers and ensure positive outcomes, particularly in times of change.

As part of NADAs Improved Services Initiative a very successful Partnerships Forum was held in May 2011. A recommendation from this forum was that further Partnerships Forums be held (click [here](#) to access forum report). As part of ongoing collaboration NADA and MHCC worked together to hold the 2012 Partnerships Forum and Workshop to provide leadership on the issue across the sectors.

OBJECTIVES

The primary aim of the Partnerships Forum was to build on previous work conducted by NADA and MHCC to meet the needs of individuals, families and communities affected by co-existing mental health, substance misuse and related health and social issues. The forum explored the partnerships and linkages required to ensure seamless and sustainable pathways between services in the current environment of change and into the future.

The primary objectives for the day included:

- Highlighting the impact that current service provision has on consumers
- Providing an update on the current political environment
- Providing an opportunity for services to talk to sector leaders
- Showcasing practical examples and innovative partnership models
- Participants gaining practical skills in negotiating and formalising partnerships
- Participants gaining an understanding of the processes involved in forming formal and informal partnerships
- Providing cross sectoral networking opportunities.

OVERVIEW OF FORUM

Opening

The Forum was opened by the Hon. Kevin Humphries, Minister for Mental Health and Minister for Healthy Lifestyles. He gave a comprehensive update on the government's position on service provision for mental health and drug and alcohol consumers and the need to provide holistic care and services.



Hon Kevin Humphries MP

Welcome to Country



The welcome to country was provided by Shane Phillips, Chairman and CEO of Tribal Warrior Association. Shane acknowledged the traditional custodians of the land, of Elders past and present of the Gadigal people of the Eora nation, where the forum was held and wished participants well in meeting the aims of the forum. He also commented on the important issues being discussed throughout the day, particularly as they relate to aboriginal communities.

Shane Phillips, Tribal Warrior Association

The **first session** was provided by Douglas Holmes a Consumer Participation Officer at St Vincent's Health. Douglas spoke of his many years experiences as both a consumer and as a consumer worker. He helped set the tone of the day, that consumers are central to the work we do. He also spoke about the '23 Big Issues' which were initially developed in 2000 at the Mental Health Service Consumer Forum. (See below in Resources to access). Douglas joined panel 1 members and continued providing consumer insight into the discussion.

Panel 1: What are the challenges in the current and future environment?

Panel members:

- Stephanie Maraz, Policy & Partnership Officer, MHCC
- Jan Newland, CEO, General Practice NSW
- Larry Pierce, CEO, NADA
- David McGrath, Director, Mental Health and Drug and Alcohol Office, NSW Ministry of Health
- Douglas Holmes, Consumer Participation Officer, St Vincent's Health



Stephanie Maraz David McGrath, Larry Pierce Douglas Holmes Jan Newland
Panel 1 members

The panel discussions were facilitated by Michael Brooks, Director, ARTD Consultants. Each panel member provided a brief overview of the current environment their sector is working in.

Panel members and Forum participants went on to discuss a range of challenges and opportunities for effective partnerships in the current and emerging environment.

Discussion areas included:

- Developing a shared language for how we describe and discuss partnerships—given the diversity of partnership arrangements covering Memorandums of Understanding (MoUs), formal agreements, informal networks, joined-up service models, ‘pacts’
- Maintaining the focus on consumers—by continually asking ‘how does the partnership support better consumer outcomes’
- Exploring new joined-up service models through service ‘consortiums’ and shared access arrangements—while at the same time advocating to government to adopt procurement processes that encourage and support such partnership arrangements
- Promoting partnership models that allow small NGOs to retain their specialist and niche role—while ‘working tighter together’ and avoid inefficient duplication and overlaps
- Recognising and proactively dealing with the inherent tensions associated with partnership activities—given the different control structures, ideology and branding that individual agencies bring to any partnership
- Promoting a proactive approach to developing partnerships with primary health providers through new Medicare Local networks—recognising that the ‘readiness’ for partnerships may vary from location to location during the transition
 - Understating the implications for partnerships of shifting the focus from primary care to a population approach.
 - Community, consumer and stakeholder engagement is a critical part of a Medicare Local’s brief
 - The importance of retaining general practice engagement, particularly during the transition.

- Promoting a proactive approach to developing partnerships with social housing providers—particularly community housing providers
- Embedding consumer participation as a foundational principle for all partnerships—rather than as an ‘add-on’. One of the crucial ingredients in partnerships is firstly making sure we understand the issues of importance for consumers, and secondly letting everyone know what the issues are and what should be done about them.
- Recognising the importance of engagement with Aboriginal organisations to support more effective services for Aboriginal clients
- Extending the focus of partnerships beyond individual cases to structures and pathways—in particular through smarter use of limited resources
 - streamlined access arrangements (e.g. one stop shops)
 - coordinated referral pathways (e.g. shared client records)
 - co-location of partnership workers
- Extending the focus of partnerships beyond ‘the usual suspects’ to ‘unlikely partners’ such as informal community networks—particularly in rural and remote areas where there are less service agencies
- Dealing with the resource limitations and time pressures for front line staff to establish and maintain partnerships—through greater funding for partnership coordinators and greater dissemination of information and tools for successful partnerships
 - Utilising peak bodies (MHCC and NADA) in supporting partnership
 - Development of an appropriate ‘bureaucracy’ to manage the activities or outcomes from partnership agreements, and sourcing specific funding to support partnership activities



Forum participants

Panel 2: Innovative Partnerships

Panel members:

- Michael Sluis, Community Programs Manager, Black Dog Institute
- Susan Gomola, Manager, Manly Drug Education and Counselling Centre
- Judy Panter, Regional Manager, Psychiatric Rehabilitation Australia
- Thanh Van Nguyen, Vietnamese Transitions Worker and Helen Sowe, Senior Project Officer Drug & Alcohol Multicultural Education Centre (DAMEC).



Thahn Van Nguyen

Helen Sowe

Judy Panter

Susan Gomola

Michael Sluis

Panel 2 members

Panel members and Forum participants discussed a range of innovative approaches to establishing and sustaining effective partnerships.

- Promoting a shift in our thinking about partnerships
 - greater focus on maximising the benefits and impact of the arrangements for each partner
 - greater focus on what each partner is good at—rather than having to be ‘all things to all people’
 - Keep discussing “what is in it for me?”
- Ensuring clear agreement about
 - what constitutes the need for the partnership
 - what agreed strategies the partnership will undertake
 - what resources / dedicated staff are needed to implement the partnership processes (including joint administrative resources)
 - what arrangements are in place to progress partnership business (e.g. regular, scheduled meetings; partnership advisory group; Project plan & terms of reference to keep everyone to purpose)
- Embedding good practice into partnership arrangements
 - keeping to commitments

- regular feedback—ensuring regular contact to ensure that all parties were aware of where the partnership was at - to ensure momentum and continuity in lieu of not having a formalised arrangement
- do your homework—know what you what, be able to sell your organisation, know as much as you can about the other organisation, be genuine in all dealing, and maintain open communications
- time to build trust and really come to understands each others' agencies
- Developing new structures for efficient and effective work
 - Exploring common or shared access systems
 - One-stop shops for assessment and referral
- Building staff and sector competencies for establishing and maintaining partnerships (that move beyond the reliance on good will and relationships between individual workers)
 - Training and tools
 - Encourage agency relationships to be dispersed among multiple individuals (that is, ensuring all knowledge / history / relationships are not held within a single person who might leave!—strategies for achieving this include holding meetings at partner agency premises in order to meet other staff; and joint training sessions)
 - Reckoning the 'human side' of partnerships—putting in place mechanisms to raise, escalate and resolve tensions and disputes.

THE WORKSHOP

Workshop Notes provided by Anna Yip

What does it mean to partner?

Partnership is synonymous with greatly differing concepts and practices, used to describe a wide variety of relationships in a myriad of circumstances and locations. In fact, it is quite possible that the number of partnership arrangements is infinite, as the methods of carrying out partnership activities are limited to one's imagination on how such arrangements should take form. Not to mention, the conditions that influences partnership are always unique and in flux. Perhaps it is for this reason that partnership is not well understood and may seem complicated and unclear. Language commonly adopted to describe 'partnership' tends to infer homogeneity and born from this notions of 'a partnership model' has emerged as the holy grail of effective partnering. We are at risk of imagining partnerships as static solutions; if we find the right model, we unlock the formula for guaranteed success. For anyone who has experienced the inevitable ups and downs of a partnership, this is simply not the case. So how are we to understand this concept of partnership?

From a theoretical perspective, the term partnership describes the act of strategic coordination, whereby organisations (public, private and any combination of the two) interact by means of networking, cooperation and or collaboration in order to achieve mutual benefit.

The underlying assumption is that this benefit cannot be achieved by operating purely autonomously, or by creating total integration. In other words, a partnership is a relationship, articulating how organisations see themselves working with each other in order to achieve what they set out to do. Whilst it is strategic in nature, we see the effects of a partnership by how it influences how an organisation organises activity, acquires distributes and consumes resources, interacts with consumers and stakeholder groups, and subsequently, build relationships with other organisations.

The best way of imagining this concept of partnership is to consider it as a spectrum of coordination rather than a fixed operating model. At one end, activity may be achieved by creating a purely hierarchical, vertically integrated organisational structure. On the one end, activity may be achieved through purely market-oriented transactions (buy/sell) between autonomous organisations. It is fair to say we operate by neither extreme, but operate in the space between. Strategic coordination/partnership is by no means a new concept; most of us are involved in developing and or managing a partnership of some sort, even if it is not explicitly described as partnership. However, what is new is the changing relationship between the private and public sectors to deliver social outcomes and the complexity of these interactions (e.g. changing roles, responsibilities, interests and expectations). More and more, we see the private sector (including non-profit and commercial organisations) providing infrastructure and related services that in the past were exclusively provided by the public sector. Not discounting the many reasons for this, understanding public-private partnerships (as well as private-private partnerships) requires exploration of the space in between these domains of the public and private sectors, and how this growing space influences the way organisations interact with each other.

Perhaps most frustrating is the tension felt between this external push for partnerships (and well as the recognised cross-sector interdependency of social issues) and lack of clarity and certainty that comes with building partnerships. In fact, partnerships are inherently uncertain. The partnership relationship sits outside the institutional boundaries of an organisation, as well as the legal instruments (contracts) that defines and regulates transactions. A common struggle felt by many services is the inability to articulate the difference between strategic and contracting/subcontracting relationships, where the strategic relationship between organisations enables one organisation to create unique and beneficial contractual agreements with other organisations to deliver services, yet at the same time, empowers their partners to influence the outcomes sought and the pathway to achieving these.

The take away points to remember are:

- A partnership is a relationship that is unfixed. It is a fluid bond between organisations that evolves over time
- An underlying assumption of strategic coordination is that organisations are able to achieve outcomes or realise benefits that could not be achieved autonomously or by fully integrating
- Strategies to achieve coordination include networking, cooperation and collaboration
- Unique ways of working/operating can result due to the nature of the partnership relationship

Building partnership trust and cohesion

What drives organisations to partner? A key driver for organisations to enter into partnership is the recognition that other organisations offer complimentary capabilities (such as knowledge/skill, assets/resources, ways of working, influence, or relationships with other stakeholders) that are needed to achieve strategic outcomes. By leveraging these capabilities, whilst remaining autonomous, organisations can achieve outcomes with greater effectiveness and or efficiency. In some cases it allows organisations to achieve outcomes that are only possible through coordination.

These capabilities are often what makes organisations distinct, and in many cases are rare and or hard to develop. They may be based on scarce resources, or specialist understanding or precious relationships acquired over a longer period of time. Therefore, for many organisations, the sharing of these capabilities with others can create organisational vulnerability. By sharing these capabilities, organisations may suffer the disadvantages of opportunistic behaviour, or self-interest, of others. Power imbalances may emerge resulting in one partner enjoying greater benefits (including taking ownership of fewer risks) than the others involved. In such cases, it is inevitable that the relationship will break down and dissolve the partnership, or at least, change it dramatically.

The development of trust between organisations is what enables and maintains partnership. In this content, trust is an assessment of likely behaviour and risk, which is built over time. As the relationship develops, constant interactions within the partnership signal behavioural parameters. Cohesion develops when partners accept these parameters and repeatedly satisfy expectations. In order to establish a partnership, a minimum level of trust must exist between organisations. However, this level of trust tends to be very weak. Strong trust between partners requires repeated observation, over a long period of time. It is only when a partnership demonstrates strong trust that partners are willing and able to accept activities or ventures associated with high risks.

All partnership interactions influence trust. Therefore, in order to build cohesion (which trust is based upon), specific activities can be performed that enable partners to negotiate and agree upon boundaries and expectations. They also enable partners to signal trust to each other, as well as assess signs of trust and dis-trust.

The following is a list of common 'partnership tools'

| Tool | Description | Tool | Description |
|-----------------------------------|---|---|---|
| Memorandum of understanding (MOU) | A document describing agreement between parties. It expresses a convergence of will between the parties, indicating an intended common objectives or action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement, but seek clarity and commitment from the partnership. | Partnership Assessment Partnership Self-Assessment | An analytical framework used to assess the partnership against key success factors, such as alignment of objectives, complementarities of partners, supportive partnership processes and attitudes etc. The purpose is to assess the coherence within a partnership and identify potential gaps or risks to the partnerships. An analytical framework used to assess an organisation's readiness to partner and requirements (knowledge, attitude, processes) to manage a partnership. |
| Terms of Reference | A document describing the purpose and structure of a group that is created to accomplish a shared goal. Projects, committees, meetings are common 'groups' that adopt a TOR. | Project Management Plan | A document that defines how a project is executed, monitored and controlled. The purpose of a project management plan is to define the approach to be used by a project team to deliver the intended scope of the project. |
| Letter of Intent | A document outlining an agreement between two or more parties before the agreement is finalized. The concept is similar to a heads of agreement. It may include certain provisions that are binding, such as non-disclosure agreements. | Partnership group/ Steering committee | An advisory and or decision making body made up of representatives from across the partnership. They may provide guidance on issues, risks, strategy, resource allocation, and decisions involving large expenditures. |
| Forward Plan | A document that sets out key activities to be performed or decisions to be made that are scheduled to occur over a period of time in the future. | Partnership attitudes | A process of articulating and defining desired attitudes and or behaviours to be fostered by the partnership. |

Developed by Anna Yip anna.maree@gmail.com

FORUM EVALUATION REPORT

Number attended: 115

Number of feedback forms received: 55

Participant demographics

1. Participants at the event included: 16 NADA members; 5 MHCC members; 4 NADA & MHCC members; 15 from other non-government organisations; 3 from Medicare Locals/Divisions of General Practice; 9 from Local Health Districts and 3 'other'.
2. Participants at the event included: 30 from the Sydney metropolitan area; 8 from NSW rural and remote areas; 13 from regional NSW, 3 from State-Wide organisations and one from a National organisation.

Event feedback

3. 85% of respondents agreed or strongly agreed that the event provided a good variety of information and discussion time.
4. 92% of respondents agreed or strongly agreed that the forum provided opportunities to network with other stakeholders.

5. Panel 1: What are the challenges in the current and future environments?

50% of respondents thought the information provided by the panel was useful and appropriate to their organisation.

45% of respondents thought the information provided by the panel was somewhat useful and appropriate to their organisation.

Panel 2: Innovative partnerships

43.6% of respondents thought the information provided was useful and appropriate to their organisation.

54.5% of respondents thought the information provided by the panel was somewhat useful and appropriate to their organisation.

6. 70.9% of respondents agreed or strongly agreed that the workshop provided them with practical skills that they could take back and use at their workplace.
7. 20% of respondents thought they did make connections with services that will improve partnerships at their service.

58% of respondents thought they had somewhat made connections with services that will improve partnerships at their service

8. 61% of respondents thought the forum was a worthwhile event.

39% of respondents thought that the forum was a somewhat worthwhile event.

9. Participants listed that some of the most useful things that they got out of the event were:

- Reflecting on specific tools that can aid partnerships
- Discussions from the morning session
- Networking
- Hearing about the current direction of service provision
- Hearing the Minister speak
- Knowing that most attendees were interested in partnerships
- Encouragement that partnerships can work
- Meeting other groups I've never heard of
- Importance of consumers in partnerships
- The afternoon workshop
- The broad spectrum of providers that attended
- Small group activities
- Hearing positive partnerships feedback

10. Suggestions about how the event could be improved included:

- A few more guided questions in the morning session to put some structure around the information being shared
- More time for networking
- Facilitated over two days
- Forum to be held in a regional location
- Having national/international speakers
- Facilitator needed to be more strict with time
- More multi-cultural groups
- In depth case studies on effective partnerships
- Providing feedback about what people have achieved from last years forum
- Having the afternoon workshop more skills based

11. Additional support needs, resources or activities suggested as a follow-up to the event included:

- Information that was written on the white board be provided
- Forum report be provided on NADA's website
- A list of participants be distributed to those who attended
- More reading materials on partnerships
- Copy of the afternoon powerpoint
- Examples of formats for articulating partnerships

12. Other comments included:

- Where do recommendations from forum go?
- Why wasn't AHMRC invited to be on the panel? (all services need to be sensitive to aboriginal community needs)
- Less panel, more interactive
- What about a workshop on completing funding applications?

RESOURCES

NADAs Partnerships website page – click [here](#)

MHCC Promoting Partnerships website page – click [here](#)

The Mental Health Services 23 Big Issues - www.themhs.org

The partnering toolbook: An essential guide to cross-sector partnering

This handbook provides tools and frameworks for building effective partnerships. Click [here](#) to access.

The Brokering Handbook: Navigating effective sustainable development partnerships

This handbook provides tips and advice on brokering, using partnership building language and sustaining outcomes and more. Click [here](#) to access.

CLOSING

NADA and MHCC would like to thank all those that participated in the Partnerships Forum, including the Minister, Hon Kevin Humphries, the consumer representative and panel members, who did so in a spirit of fostering collaboration, improving services and consumer outcomes.

NADA and MHCC would also like to acknowledge the support of the NSW Ministry of Health, Mental Health and Drug and Alcohol Office and the Commonwealth Department of Health and Ageing in funding the Partnerships Forum under the Cross Sectoral Support and Strategic Partnerships Project.

CONTACTS

Network of Alcohol and Drug Agencies
PO Box 2345
Strawberry Hills NSW 2012
Ph. (02) 9698 8669
E: admin@nada.org.au
www.nada.org.au

Mental Health Coordinating Council
PO Box 668
Rozelle NSW 2039
Ph: (02) 9555 8388
E: info@mhcc.org.au
www.mhcc.org.au