

Do You Want to Dance? – Partnerships and the MISA Pilot Project

Abstract

The MISA Pilot Project is a partnership project between mental health non-government organisations (NGOs) and drug and alcohol NGOs aimed at building their capacity to respond to clients with mental illness and substance abuse (MISA) issues. The Pilot Project is a joint initiative between the Mental Health Coordinating Council (MHCC) and the Network of Alcohol and Drug Agencies (NADA).

There are three concurrently running partnerships, each targeting a different client group. While having a common overall goal of increasing capacity to meet the needs of clients with mental illness and substance abuse issues, each of the partnerships is developing initiatives that best meet the needs of its particular client group and the participating agencies.

This presentation will focus on the process of developing partnerships and collaborative working relationships amongst the participating NGOs with the aim of identifying common themes and issues so that these may inform future NGO partnership initiatives.

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The MISA Pilot Project is a partnership project between mental health and drug and alcohol non-government organisations aimed at building their capacity to respond to clients with mental illness and substance abuse (MISA) issues.

The Pilot Project is a joint initiative between the Mental Health Coordinating Council (MHCC) and the Network of Alcohol and Drug Agencies (NADA). A key feature of the project is the partnership at the peak organisation level as well as the partnerships that develop between the participating agencies. The peak organisations provide overall management of the project and resource the project through a part time Project Officer, workshops for the participating agencies, and a small grant allocation to support the strategies and initiatives of the partner NGOs. An independent evaluator has developed an evaluation framework for the Pilot Project and a final report on the outcomes of the Project will be prepared on its completion in June 2007. There are three concurrently running partner projects, each targeting a different client group. The target groups and agencies are:

Youth – participating agencies are Richmond Fellowship, South Sydney Dual Diagnosis Service and Ted Noffs Foundation

Women – participating agencies are Charmian Clift, Phoebe House and WHOS New Beginnings Women Services

Adult residential – participating agencies are Hunter region PRA and WHOS

The MISA Pilot Project utilises a capacity building framework. Capacity building is a term that is widely used and often used in different ways. This Project has adapted the capacity building framework developed by The NSW Health Department (Hawe et al., 2000.) The framework identifies the following four main components of capacity building:

workforce development : up-skilling of workforce, staff commitment, reframing current practice and tailoring intervention activities to the local context.

organisational development: management support, reference group to guide activities, an organizational culture that supports the approach, fit within the policy structure of each of the agencies, absorption of approach into the agency's everyday practices, agencies ability to problem solve.

partnerships and linkages: formal interagency partnerships, informal links with other agencies, interest in activities from other agencies, community interest and support for the approach.

allocated resources: dedicated driver of the initiative, funding to support activities, access to information and specialist advice.
(O'Hanlon et al., 2002)

In this Project we are expecting the partnerships to focus their activities in some or all of these areas. The Project evaluation will focus on performance indicators and outcomes in these four areas.

An action research model underpins the project so that actions are building knowledge for the project, this knowledge is then resulting in revised or new action that once again is reflected on and informs further action.

Since July the different partnership projects have been meeting to further develop working relationships and to identify goals and strategies for their project. While having a common overall goal of increasing capacity to meet the needs of clients with mental illness and substance abuse issues, each partnership is developing initiatives that best meet the needs of its client group and of the participating agencies.

The youth partnership is focusing on workforce development strategies and will identify and document good models of practice for working with young people with MISA issues and disseminate this to other youth workers. The women's partnership is focusing on skill sharing and development between the partner agencies, with the partners providing workshops for each other in their skill area. The adult partnership is the most recently formed partnership and initiatives currently being considered are information and skill sharing between staff of the different agencies.

The project is currently mid way and the evaluation will focus on improvements in each agency's capacity to work with clients with MISA issues. Through the Project we are also learning about the process of developing partnerships and collaborative working relationships amongst the participating NGOs. This presentation will focus on that process and we will attempt to identify common themes and issues that have emerged so that these may inform future NGO partnership initiatives.

There is a growing literature on partnerships however very little of it documents partnerships amongst NGOs, and in particular the issues experienced by NGOs in establishing and maintaining partnerships. Partnerships can be described as a process of bringing together skills and resources for more effective service delivery. It is a process by which agencies share complementary skills and resources.

There are different types of partnerships and partnerships can be seen to exist on a continuum. VicHealth has developed *The Partnership Analysis Tool* that describes partnerships as ranging from Networking, as the simplest, to Coordinating, to Cooperating and finally Collaboration. In our Project we are hoping that agencies are able to achieve the most sophisticated partnership, that of collaboration.

The Partnership Analysis Tool goes on to identify the components of successful partnerships as:

- A clear purpose
- Add value to the work of the partners

- Being carefully planned and monitored

A literature review of partnerships conducted by the Sainsbury Centre in the UK in 2000 identified key issues for successful partnerships and highlighted the importance of 'effective dialogue'. The Literature also indicates that successful partnerships have level of mutuality, equality, respect and trust.

All these factors are relevant to the experiences of the agencies in the Project and assist our understanding of the processes the agencies have undergone to date.

In the Project there are quarterly workshops that all the participating agencies attend. Although working with different target groups, common themes and issues have emerged. Agencies have had time to share their experience, recognise the expertise and are starting to identify potential ways of working together to share and pass on this expertise. There has also been the opportunity to collectively problem solve solutions barriers confronting work in this area. They have been able to share experiences not only around MISA issues but also on the formation of partnerships.

At the outset, the establishment of the partnership revolves around the central issue of the partnership having a clear purpose and adding value to the work of the partners. Following on from this each agency must have a clear idea of what each can contribute to the partnership. This translates into the fact that agencies must want to be in the partnership. This experience was confirmed by the Project. The initial agencies approached to participate in the adult residential partnership were unable to establish a common purpose and neither could see a benefit to their service delivery that could be gained by forming the partnership. Consequentially that partnership did not proceed and other agencies were approached to participate.

The agencies in the Project have encountered a number of issues that highlight some of the challenges in partnering across sectors, ie partnering mental health and drug and alcohol agencies, and working within the NGO sector.

The impact of ideological differences in philosophy, models of practice and service delivery on the formation of partnerships and can result in tension in working relationships. These differences are not only across the sectors ie between mental health and drug and alcohol services but can occur between services in the same sector. For example it was felt that there were some ideological issues between the two youth drug and alcohol agencies in their approaches to risk management that were causing tension in the working relationship. As put by one of the participating staff 'The question comes down to 'where do we meet?' Similarly in the women's group the issue of how to work across different models was raised. It was expressed as 'Was there enough of a fit' that agencies can form collaborative relationships? In this partnership it was felt it was possible to find enough commonality that the three agencies could share experiences and information and learn from each other. The first meeting focused on establishing if there was enough

commonality between the three agencies to establish a working partnership. A broad range of issues relating to their work and ways of dealing with these was discussed. The second meeting looked at developing specific initiatives.

Practical factors such as geographical distances between the agencies have impacted on the formation of partnerships. Large distances, such as one hour (or more) travelling time, existed between a number of the agencies in each of the partnerships. This presented problems for staff swaps and site visits. For some staff the additional time and travel was a disincentive and/or a practical difficulty in relation to out of work responsibilities such as family commitments. Geographical distances also had an impact on the frequency of partnership meetings.

A related issue to geographical distances was that within partnerships agencies may be in different Area Health Services. Depending on funding arrangements this can have an impact on client referrals. It also may mean that partner agencies may have different networks, stakeholders and existing partnerships. This may impede the formation of partnerships in this project.

Issues of the capacity of NGOs have impacted on their ability to form and maintain partnerships. In the women's group the Coordinator of one of the agencies left, this resulted in reduced availability of the agency to attend meetings. The agency was committed to the partnership but staff needed to cover gaps in providing direct service before they could attend partnership meetings.

What we are learning from the process so far is the importance of talking and that time is required for people to engage in a genuine dialogue to talk around and through issues. It is through this dialogue that trust and respect are developed and nurtured; there is an engagement of the services with a sharing of knowledge, and learning about each other. This is particularly important when working across sectors and with agencies with different philosophies and service delivery models. This process can also be a type of reflective practice, in presenting the agency and what it does, staff are reflecting on what they do and why.

However, this process requires time, and sometimes can be slow. The formation and maintenance of partnership requires resources and needs to be seen as legitimate and valued activity by the agency management and staff. This is major challenge for NGOs, especially when resources are often stretched and there is a need to provide direct service.

We will continue to explore the development of partnerships for the remainder of the Project and document what we find. This will assist NGOs with the practical steps required to develop partnerships as well as highlight the resourcing and structural supports needed to establish and maintain partnerships.

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